Experiences of Non-governmental Organizations Working Towards the Elimination of Female Genital Mutilation in Egypt

This study has been conducted on the recommendation of the Female Genital Mutilation Task Force.

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Acknowledgments

The Study of the Experiences of Non-governmental Organizations Working Towards the Elimination of Female Genital Mutilation (FGM) in Egypt was conducted on the recommendation of the FGM Task Force. The aim of this study is to expand and consolidate NGO activities against FGM at the grassroots. The proposed strategy of action aims at strengthening coordination, interaction and cooperation among Egyptian NGOs.

We, Ms. Samiha El Katsha, Anthropologist and Principal Investigator of this study, Ms. Sherine Ibrahim, Senior Researcher, and Ms. Noha Sedky, Junior Researcher, have worked together with a sense of conviction and responsibility towards Egyptian females and have drawn our inspiration from the non-governmental organizations with which we have worked. Our work was greatly endorsed through the indispensable advice and assistance of members of the FGM Task Force. Their commitment and support is highly valued.

This commitment was equally shared by those who encouraged and supported this endeavor. It is with appreciation and gratitude that we acknowledge their participation in this study:

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The study would not have materialized had it not been for the interest, cooperation and understanding of the selected NGOs. We would like to thank them for accepting to participate in this study and for their collaboration in providing the research team with the required information. The warmth and hospitality with which each NGO received us is highly appreciated.

We would also like to thank the National Commission for NGOs for Population and Development (NCPD) for providing the premises, continuous support, and most of all, a pleasant work environment. Mrs. Marie Assaad provided insightful comments and guidance that helped shape the final document.

Finally, we would like to affirm that the selection of the NGOs for this study was based on specific criteria and that there was no purposeful exclusion of any active NGO. This may be our opportunity to salute all those NGOs who are actively working against FGM for their valiant efforts. We hope that this study will motivate active NGOs and encourage potential NGOs to push forward the campaign against female genital mutilation until it reaches its final goal.

Executive Summary

Background

Female Genital Mutilation (FGM) pervades Egyptian society widely and without discrimination. The practice lives on regardless of social status, religious affiliation or education level. In 1994, over the course of preparations for the International Conference on Population and Development (ICPD), activists representing various Egyptian non-governmental organizations (NGOs) came together to form the Female Genital Mutilation Task Force.

Soon after its inception, the Task Force recognized the need to understand what had been achieved to date in order to plan for the future. This study, therefore, was commissioned to critically assess anti-FGM efforts through a systematic, in-depth analysis of the activities undertaken by NGOs at both the community and national level. The results of this research would then provide the foundation for future strategies and priorities of the Task Force in its role as technical assistant to its member NGOs.

Methodology

NGO selection criterion for inclusion in the research was a minimum of five years experience working in FGM eradication. Background Information Forms were sent to NGOs that participated in the ICPD to identify potential study participants. Only two of the 110 NGOs that responded met the five-year requirement. However, it was determined that an additional five NGOs had sufficient experience to effectively participate in the study. Therefore, the final sample consisted of seven organizations.

Data were initially collected through a review of NGO documentation, interviews with NGO management and field officers, and focus group discussions (FGDs) with both staff and target groups. Observation of NGO activities was later added as an additional data collection tool.

Findings and Recommendations

1. NGO Coordination

Finding: There is currently insufficient coordination among NGOs working in FGM, which limits the effectiveness of the movement.

Recommendations:

Hold exchange visits among NGOs as a way to share experience.

Encourage wider participation in the monthly meetings of the Task Force as this is an excellent venue for sharing information.

Identify the comparative strengths of the NGOs in the movement and use these strong points to complement each other's work.

2. Documentation

Finding: NGOs do not adequately document their programs and activities.

Recommendations

Create awareness of the importance of documentation to long-term program effectiveness.

Provide in-service training to NGOs in methods of documenting the process used, approaches, target groups, achievements, difficulties and follow-up strategies.

Maximize the use of local community leaders in documenting and following up program progress.

3. Approach

Finding: Placing FGM eradication efforts within both a comprehensive development strategy and within the larger context of reproductive health and gender education is the most effective approach to bringing about behavioral change.

Recommendations

Integrate FGM awareness as a component of reproductive/general health education into existing literacy classes for both men and women.

Expose target audiences to FGM messages over a period of time since a single meeting or training has limited effectiveness.

4. Leadership

Finding: Efforts to eradicate FGM are most successful when NGOs are able to gain the support of local leaders in the community and together create the social atmosphere supportive of these activities.

Recommendations

NGOs working at the community level should:

Include local leadership as part of an overall FGM eradication strategy.

Identify members of the community who are influential, respected and committed and can be trained as advocates against FGM.

Provide adequate training and resources to community leaders so that they can be effective in their advocacy work.

Encourage families that have stopped the practice to serve as role models within their communities.

Train local leaders to use positive peer pressure to support and convince families to discontinue FGM.

5. Target Groups

Finding: FGM eradication efforts have primarily been focused on women and young girls.

Recommendations

Address both male and female members of the family in the fight against FGM.

Develop support materials appropriate to the specific target groups as each segment of the population differs in terms of sex, age, educational background and concerns.

Target religious leaders and doctors since the public appears to regard these groups as authority figures.

Assess the potential of a proposed target group in spreading the message during the design phase of any anti-FGM intervention. For example, in the study, nurses were found to have been ineffective in counseling women since there was neither adequate time nor appropriate space in their clinics and this was not considered part of their job description.

6. Message Content

Finding: Messages have predominantly focused on highlighting the negative medical side effects of FGM, which has proven to be ineffective as most women do not experience these problems and are, therefore, not convinced of stopping the practice on this basis alone. Paradoxically, the “medicalization” of the anti-FGM message has given greater weight to the false belief that FGM is a legitimate medical procedure.

Recommendations

Develop a different set of messages that are appropriate to the wide range of target audiences such as doctors, religious leaders, family members, traditional birth attendants, etc.

Include the social, cultural and psychological aspects of FGM in addition to concise factual medical information.

In addition to the above, address the following specific concerns:

- religious stance, especially in Islam;
- effect of abandoning the practice on girls' future marriageability;
- effect of abandoning the practice on the preservation of social values such as virginity, chastity and "proper" behavior; and
- the perceived sudden interest in FGM, which has been interpreted by many that the anti-FGM campaign is an imposition of the West.

Place FGM within the context of the family to make men more aware of how it directly and indirectly effects their families.

Stress that the eradication of FGM is part of a strategy that complements Egypt's national goal of improving the quality of women and girls' health and lives and rests on the premise that for a country to progress, the development of its female population is crucial.

7. Support Material

Finding: Availability and circulation of relevant support material has been limited.

Recommendations

Update current materials to meet the needs of the varied target groups.

Create a national clearinghouse for information and resource material. The Task Force is well suited to manage this clearinghouse.

Coordinate the development of materials among NGOs to maximize scarce financial resources, avoid duplication of efforts, and ensure a consistent unified message. The Task Force could serve as the focal point for such an activity.

Develop simple, clear materials that are eye catching and attractive. Make use of larger print and more illustrations to increase readability.

Vary the medium to best respond to the different target groups; utilize audio-visuals such as audio-tapes, videos, slides and posters in addition to print media.

Record the testimonies of those who have rejected FGM either through video, print stories or audio tape.

Develop audiocassettes in a question-and-answer format so that groups or individuals can listen to them privately.

Produce a booklet on FGM for men and by men.

8. Training

Finding: There is a need for more specialized training of local staff.

Recommendations

Develop on-going training programs for local staff emphasizing interpersonal and communication skills.

Provide local staff with the communication skills needed to work effectively with different audiences.

Include training in the use of interactive communication tools such as role-play, theater and audio-visuals for all staff.

Conclusion

In conclusion, it must be kept in mind that behavioral change is a long process, especially when confronting a tradition such as female genital mutilation-a custom rooted in Egyptian culture for centuries. Successful results in one village, for example, did not take hold until after seven years of hard work. It is also important

to view the issue as part of a larger concern for women's health, the human rights of the girl child, the integrity of her body and the role of women in national development.

There is, indeed, hope for the future. The number of NGOs interested or actually working in FGM eradication as part of their program has increased dramatically over the past few years, which, in part, is due to the work of the Task Force. A vibrant and progressive movement of active NGOs has developed, which is committed to ending the practice of FGM in Egypt. This report has hopefully provided them with new insights and a better understanding of how best to eradicate this traditional harmful practice.

Introduction

Background

Female Genital Mutilation (FGM) is the culturally sanctioned infliction of physical and psychological harm on young females and continues, with alarming rates, to be one of the most tightly interwoven traditions in the fabric of Egyptian life. Entrenched in Egyptian behaviour, the practice cuts across all divides irrespective of social, educational, or religious backgrounds. In Egypt, FGM is often rationalized as being important for ensuring a girl's chastity and cleanliness, and imperative for securing a husband. Despite national and international concern, the 1995 Egypt Demographic and Health Survey revealed an average nation-wide prevalence rate of 97%.[1]

Prior to the 1994 International Conference on Population and Development (ICPD) in Cairo, there were scattered attempts by several NGOs to increase awareness of the dangers forefront nationally and internationally and a social movement aiming at completely eradicating female genital mutilation developed. In Egypt, this was manifested in the FGM Task Force which was established to mobilize the previously related to the practice. The ICPD succeeded in bringing the issue to the dispersed efforts to a more visible, organized, and effective national movement.

Justification

The eradication of any practice deeply embedded in a country's culture and customs is a long and arduous process requiring strong efforts and much coordination. In order to utilize the existing potential of currently active NGOs, to learn from others, and to share the labor without duplication, it becomes fundamental to systematically observe, document, and evaluate previous efforts of NGOs working in the area of FGM.

Several Egyptian NGOs have attempted to reduce the practice in Egypt through training programs, seminars and awareness campaigns. However, documentation and evaluation of these efforts have been lacking, and to date, their results have not been disseminated at the national level. In light of this, there is a pressing need to survey all these efforts systematically and to acquire first-hand information pertaining to their approaches and results. This is an essential first step preceding the design of future projects related to FGM. Therefore, the aim of this study is to provide systematic data that may give insight into the extent that these efforts have been effective. Results of the proposed study may serve as a basis for planning a strategy of action for the eradication of FGM in Egypt by NGOs.

Objectives

The overall objectives were:

1. To document the diverse efforts undertaken by NGOs, whether training programs, seminars, awareness campaigns, production of publications, use of audio-visual material etc.
2. To document outreach programs targeting different groups in terms of the program objective, methodology and techniques used for impact assessment.
3. To trace the impact of these programs with regard to the groups targeted by the program.

[1] El-Zanaty, F. et. al., 1996. *Egypt Demographic and Health Survey 1995*. Calverton, Maryland [USA]: National Population Council [Egypt] and Macro International Inc.

Time frame

The research was conducted over a one-year period, between August 1996 and July 1997.

Methodology

The research pursued in this study design was basically to help organizations formulate valid and relevant strategies concerning the cycle of program planning, development and implementation. A process evaluation provides feed back to the organizations on the following parameters: documentation, procedure and the administrative component. The basis for the evaluation procedure was that information was systematically collected to evaluate the outcome of NGO activity according to their specific objectives.

Screening of NGOs

The screening of the NGOs that would participate in the study was determined according to the Background Information Forms sent to the 400 NGOs that participated in the International Conference for Population and Development(ICPD) and workshops that followed the conference. Although 110 NGOs replied, only thirty NGOs made mention of activities related to female genital mutilation. Out of the thirty NGOs, only ten stated that they had implemented on-going programs, conducted awareness campaigns, trained community workers and produced material related to FGM.

The criteria for the selection of the NGOs to be included in this study were that they be active in the field of FGM, have five years working experience, and represent different geographical locations around Egypt. With these criteria in mind, it was difficult to select more than seven NGOs that were sufficiently active and met the basic requirements since the screening process revealed that only two of these NGOs had initiated efforts to combat this practice prior to the 1994 ICPD. This is not to suggest that there are only seven NGOs in Egypt actively campaigning against FGM, but that the study was limited to the NGOs that answered the Background Information Forms. There might be other NGOs working in the field but there was no purposeful exclusion of them in the study.

Research Techniques Pursued in Data Collection

Case Study of each selected NGO

Interviews

Observation of Programs

Focus Group Discussions (FGDs)

Preparation of Research Tools

Question Guide lists for interviews

Question Guide lists for focus group discussions according to NGOs Program orientation

Selection of Sites

Essentially, the research team was restricted to the seven selected NGOs that were located or assumed their activities in the following governorates: Cairo, Alexandria, Minya, Assiut, and Beni Suef.

Although situated in Cairo, the Egyptian Society for the Prevention of Harmful Traditional Practices to Woman and Child (ESPHTP) and the Cairo Institute for Human Rights Studies(CIHRS) both work all over Egypt and serve its different governorates. The Egyptian AIDS Society (EAS) works both in the city and outskirts of Alexandria. Both the Coptic Organization for Services and Training (COST) and the Young Muslim Women's Association (YMWA), work in Beni Suef Governorate. These two NGOs have different religious affiliations and different methods of program implementation. The Coptic Evangelical Organization for Social Services (CEOSS) conducts its activities in five governorates but extensive work has been focused in Minya. CARITAS concentrates its activities in Upper Egypt and, accordingly, the governorate of Assiut was selected.

Limitations

The Lower Egypt Governorates were not represented because the NGOs that responded to the Background Information Forms did not fit the criteria for selection.

It was assumed that the research team would be able to visit any of the geographical locations where the Egyptian Society for the Prevention of Harmful Traditional Practices to Woman and Child (ESPHTP) had conducted activities. However, it was difficult to regroup the beneficiaries, which made it possible to visit the one area of Helwan.

Research Implementation

Data was collected by reviewing NGO documentation, conducting in-depth interviews, observation of activities, and through focus group discussions in the following locations:

1. **Cairo Institute for Human Rights Studies** (CIHRS), Cairo Governorate. Three in-depth interviews were conducted with the staff at the Institute as well as an extensive review of all written material.

2. **CARITAS**, Assiut Governorate. Five focus group discussions and three in-depth interviews were held with both service providers and the beneficiaries of the activities in Banoub village, Mahmoudia village, Al Arbaeen district as well as in Assiut proper.

3. **Coptic Evangelical Organization for Social Services** (CEOSS), Minya Governorate. Three in-depth interviews with the staff and six focus group discussions with the beneficiaries took place in Al Tayeba village.

4. **Coptic Organization for Services and Training** (COST), Beni Suef Governorate. Three in-depth interviews were carried out with the staff and Abu Hashem village was chosen as the site for the four focus group discussions held with the target groups.

5. **Egyptian Aids Society** (EAS), Alexandria Governorate. The research team observed four EAS activities which were held in El Iskan El Sinai, Wadi El Qamar, Moharram Bek, and Alexandria proper. The team also conducted one interview with the chairperson.

6. **Egyptian Society for the Prevention of Harmful Practices to Woman and Child** (ESPHTP), Helwan, Cairo Governorate. The research team paid several visits to the NGO, conducted one in-depth interview, observed two on-going activities and conducted one focus group discussion.

7. **Young Muslim Women's Association** (YMWA), Beni Suef Governorate. Two interviews took place with the staff at the centre as well as the observation of one of the activities in the village of Tazmant El Sharqiya.

Documentation

As part of the **documentation** stage, the selected NGOs were asked to provide the research team with all available documents that record the extent of their activities in the field of FGM. Several visits were conducted to the seven selected NGOs in Cairo and in the governorates. Data was then collected systematically from each NGO to review all the available documents and the scope of the recorded work. This phase of the study was intended to:

- To document the diverse efforts of workshops, training programs, seminars, awareness campaigns, publication of material and research studies.
- To collect information on the content, methodology, target groups and extent of the follow-up process.
- To inquire about the techniques of on-going programs, to assess their impact and to understand the obstacles/constraints in implementation of the programs.

In addition to the compilation of data on the selected NGOs, written information pertaining to the Task Force activities (minutes and workshop reports, etc.) as well as any other pertinent material was gathered. As a significant aspect of the study, **existing support material,** (Appendix) which was either developed or used by each NGO, was examined for its relevance, impact, effectiveness, extent of distribution to other NGOs and suitability.

Interviews

The **interviews** were conducted with the NGO program implementors and administrators with the aid of a question guide. Sometimes, interviews carried over or began spontaneously in the van or car on the way to a focus group or observation. Structure and formality was not the rule. The purpose was to gain a better understanding of the methods and approaches of the NGOs, the geographical distribution of their work, the extent that programs reach their target groups, the needs of NGOs, the strong/weak points of their programs and other activity-related issues.

Observation

Although the study was clearly divided into three separate phases, accommodating the different NGO schedules and programs led to a great deal of overlap in the study's own work-plan. The **observation** of on-going programs, for example, was not accounted for in the original proposal. When the benefits to be learnt from observation became evident, the team made it a point to attend as many program activities within the domain of the study as possible.

Focus Group Discussions[*]

The Principal Investigator, Ms. Samiha el Katsha and Ms. Awatif Abd El Hamid Unis acted as facilitators to the FGDs while Sherine Ibrahim and Noha Sedky were responsible for the recording of the sessions. The focus group discussions were conducted with the providers as well as the beneficiaries of the NGO services at the various NGO centres or in the exemplary community(s) where activities have previously taken place. All focus group discussions were carried out with the aid of an extensive question guide and questions were altered to suit the different groups. Generally, each FGD was attended by 10-12 individuals and lasted for approximately an hour. All FGDs were tape recorded with the consent of the participants.

The FGDs were expected to show the effect and impact that the NGO activities have had on the target population. However, focus group discussions could not be carried out with all the NGOs because of the variant nature of NGO activity. The observation of activities was another method of data-collection when FGDs were not possible.

FGDs were scheduled to run in the month of May, in the last quarter of the study, but they actually began in January and were drawn out till May showing the degree of flexibility that was essential in the study method.

[*] Cassette recordings and transcriptions of FGDs, both in English and Arabic, can be found at the Resource Centre of the National Commission for Population and Development, Cairo.

Part II- Experiences of NGOs

Non-governmental Organizations

The following section is devoted to the case study of each of the seven NGOs evaluated. First, it is important to give a brief account of each NGO's involvement in the FGM campaign based upon their own main objectives and program focus. This would enable the research team to evaluate objectively their efforts against their set goals.

Cairo Institute for Human Rights Studies (CIHRS)

Background

As an NGO concerned fundamentally with issues of human rights, CIHRS provides a valuable perspective on how FGM is dealt with in Egypt. We selected the CIHRS because of its unique focus on gender issues, empowerment and women's rights. Unlike the NGOs that tackle FGM as a practice that is harmful to a girl's physical and psychological well-being, CIHRS works on the basis that FGM is an issue of human rights and preserving one's dignity. The CIHRS stands out as one of the most active NGOs in the areas of advocacy, research work, and publicity.

The CIHRS began its anti-FGM campaign in 1994 and FGM has since become a primary component of the Institute's Women's Program, which aims at promoting awareness of gender-related issues. Active members of the CIHRS staff work in cooperation with the Female Genital Mutilation Task Force with the aim of achieving complete eradication of the practice of FGM, a violation of a woman's basic human rights.

CIHRS targets human rights activists, intellectuals, and researchers who might be sympathetic to the cause. This is in addition to its lobbying efforts with politicians, the media, and professors.

Documentation

As mentioned above, the general goal of CIHRS is to improve the effectiveness of the human rights movement including the anti-FGM campaign in Egypt. It then attempts to spread awareness through seminars, workshops, and training sessions and publishing articles and books in cooperation with others. Despite these initiatives, there is no regular documentation of FGM efforts. This parallels the lack of a structured work plan of the Institute's participation in the campaign against FGM which, to date, has been conducted only as a result of individual initiatives.

The Institute has cooperated with the FGM Task Force in the preparation, supervision, and implementation of **workshops** which have been documented in detail in the book entitled, Workshops on Female Genital Mutilation: A Report. The production of this report, which is now utilized as reference material, was a collaborative initiative between members of the FGM Task Force and the CIHRS.

This book also includes details of Task Force activities, a review of the workshops conducted, and diverse legal, medical, and social perspectives related to FGM. It also includes reports written by the three Task Force sub-groups and articles written by advocates of the cause. Two thousand copies of the book were printed and distributed.

Another resource, produced in cooperation with the FGM Task Force, is FGM: Fallacies and Facts. This booklet includes information on the social, medical, and religious facts related to the practice. FGM: Fallacies and Facts is a scholarly

publication that can be used as a resource by the educated population; it was used by three NGOs as seen during the team's fieldwork.

Because CIHRS operates as a resource centre for the use of researchers, journalists and intellectuals, its **resource centre** also includes a large selection of articles on FGM compiled in a press archives. The Institute also helped instigate an expansion of the resource centre at the National Commission of NGOs on Population and Development (the Task Force locale) specifically on FGM. FGM is also publicized in the Institute **journal**, "*Sawasiah*" (meaning "equality") of which some two thousand copies are circulated nationally and internationally.

Despite all the material available and sporadic documentation, reporting on the workshops and other activities is not systematic and takes place only when the need arises.

Research Studies

CIHRS sets out to gain knowledge and understanding of all aspects of the practice by conducting research studies. The local public is still in need of base-line information, scientific facts and credible data. A young girl at Al Tayeba asked, for example, "What do statistics say about the numbers of convinced and unconvinced people?" A leader at the community level in Abu Hashem stated that "[they] need to be aware of the percentages, statistics, and scientific facts that are related to the practice."

Research studies are conducted based on the funding and program limitations that arise. A recent unpublished study entitled, Attitude of Medical Doctors Towards FGM, is a pilot study on the attitudes of 500 doctors towards FGM and their level of awareness towards this issue. One of the objectives of this study is to link the medical perspectives to the education system and to emphasize the importance of including this topic in the curricula of the faculties of medicine.

CIHRS is currently conducting another study in Deir El Bersha, Minya, where CEOSS has been carrying out extensive activities related to FGM. The Experience of an Egyptian Village in Combating FGM is the success story of this community in putting an end to the practice.

FGM: A Violation of Human Rights is a study on the human rights perspective on FGM. It has been translated into Arabic and will be published in an up-coming journal published by the Institute entitled, "Women's Initiatives."

Human Rights Course

Since 1995, an annual course on Human and Women's Rights has been held at the Cairo Institute. It is a two month (July-August) summer course held for approximately 45 university students. The purpose of this course has been to expose the students to national and international treaties and canons on regional human rights, specific human rights, problems related to regional human rights, and research methods. For the first time, the perspective of female genital mutilation as a violation of women's rights is included in the content of a university-level course.

Observations by the Research Team

The CIHRS mandate of increasing awareness and improving the effectiveness of the human rights movement plays a very significant complementary role to community-based awareness activities. It should continue from this unique vantage position to complement and highlight the grassroots work of other NGOs with advocacy, lobbying, and continuous press campaigns.

As an institute with the resources and capabilities, it has the potential to play a supportive role to other NGOs. It can help in updating and producing credible support material for leadership to use in passing on the message. All new and old material should provide answers to the questions that the target groups often pose such as: “Why now has this issue surfaced?”, “Is this campaign an imposition by international groups?”, “What are my rights as a young woman?”, “How will this affect my family life?” Each target group has a different set of concerns which need to be dealt with separately. For example, men have different queries than women or young girls; rural communities in Upper Egypt may have different concerns than those in Lower Egypt, etc.

As a research-oriented institution, CIHRS needs to link research with activism. For example, the study on Attitudes of Medical Doctors Towards FGM should be utilized to push FGM into current educational curricula. CIHRS should also work to expose the discrepancy between how knowledge and belief affect medical ethics and medical practice in Egypt. Evidently, there is the need for legal and human rights solutions.

Another important role to play is that of liaison between NGOs and influential segments in society: government, media, and academics. In cooperation with the Task Force, the CIHRS could bring together doctors, sociologists, religious leaders and members of the media to develop and unify a message, produce credible material that addresses the diverse target groups, and update available material scientifically.

A potential role that can be performed by CIHRS is that of training NGOs with appropriate human rights concepts and arguments to support the anti-FGM campaign. A human rights program, similar to the one currently addressing university students, may be developed for NGOs because CIHRS has the know-how and contacts to train and supervise the interested parties. It would additionally be worthwhile to promote the concept of FGM as a legal and ethical violation amongst university professors in order to further promote the concept of FGM as a human rights violation at the university level, thereby stirring thought and discussion amongst the future leaders of our society.

With the current support of the Ministry of Health and Population, all NGOs with a legal and human rights background need to help clarify and strengthen understanding of existing penal codes such as criminal laws #240, #241 and #242. As stated in the FGM Task Force position paper “we have articles in our penal code that prohibit non-medical personnel to perform any form of surgery. As far as doctors are concerned, there are articles that prohibit doctors from inducing a permanent disability or a surgical cut in the absence of medical necessity.” Therefore, the current concern is how to make the present legislation more implementable and more applicable to FGM. Skepticism remains whether or not a law to criminalize the practice, as has occurred in the past with Ministerial decree #261/97, would, in fact, bring about the desired end to the practice. The FGM Task Force sees that “an attempt to create new legislation on FGM, given the political and social context of the country, will inevitably lead to a text that will compromise the interests of the actors involved. The price for the compromise will be paid by the young girls whose violation will be legalized.”

CARITAS - Egypt

Background

CARITAS - Egypt was founded in 1967 and has since been providing a multiplicity of services in economic, rural and social development. FGM was incorporated in the Health Sector of the organization where the main objective has been to raise awareness on a wide-scale basis, introducing the subject to as many people as possible. Although CARITAS introduced literacy classes in Assiut in1992, FGM was only included in 1995. This has recently been achieved by the incorporation of a literacy campaign into its Health Program. Its target groups are specifically literacy teachers and students of both sexes. The work is distributed across five governorates of Egypt: Assiut, Cairo, Suhag, Alexandria, and Minya.

Study Outcome

Documentation

CARITAS's documentation is limited to general reporting where FGM is discussed as one segment of a larger program. The staff cover the subject in annual reports that briefly describe the progress of all the different sectors. The focus on the Health Sector does include total numbers of beneficiaries, general approaches and methods, but it does so without specifying the particular FGM activities. Annual reports start in 1994, and are available in Arabic, English, and French. Only the1995 annual report includes the details of the activities related to FGM such as workshops and the publication of material. The reports also acknowledge cooperation with other NGOs.

The 1995 Health Sector report includes specific information on the Training Course for literacy classes which devotes one of six sessions on FGM and is conducted in four governorates in Egypt. The report discusses the approach, the total number of classes given, beneficiaries, teachers trained, as well as program content and achievements. However, this report does not include a method of follow-up or self-evaluation.

Reports at CARITAS are always written on the numerous workshops in which they are involved. They include details of funding agencies, the location of awareness-raising campaigns, the number of participating NGOs, and the number of participants. The reports also clarify each workshop's objectives, the topics discussed, and the distribution of printed material, results, and recommendations.

Program Approach & Implementation

The most tangible activity that CARITAS conducts is raising awareness on FGM through a two-year health awareness program for students in literacy classes. It is conducted in cooperation with the General Authority for Literacy and Adult Education and funded by the Social Fund for Development. The program, begun in 1995, covers all the literacy classes that take place in Alexandria, Minya, Suhag and Assiut governorates. The training courses are identical in all the governorates. To run the health sector portion of the literacy project, literacy class teachers undergo an intensive four-day training course, after which they are prepared to implement the classes.

A Health Awareness Training Program has recently been incorporated in CARITAS's literacy campaign. This program is conducted over a period of two years and topics covered are public health, environmental awareness, preventative methods, endemic diseases and harmful traditional practices. The Health Awareness Program is covered in six stages over a period of two years, i.e. three stages per year each taking up four months. First, the teachers undergo an intensive three-day training

course every four months, after which they are able to implement the relevant stage of the program. Besides being acquainted with the six major topics, the teachers are also equipped with the necessary communication skills and ways to relay the message.

The four governorates of Alexandria, Minya, Assiut and Suhag are covered in succession. A total of 471 classes are given in all four governorates. The reports reveal that a total of 477 monitors and teachers are trained to spread health messages to 8708 beneficiaries of the literacy classes. The CARITAS health sector in Assiut alone works in 29 villages where a total of 72 classes are conducted, out of which nine are for men. A total of 77 monitors and teachers have given classes to a total of 1351 students in this governorate.

Leadership

Teachers volunteer to conduct the literacy classes at their own initiative in their own communities. The teachers' motivation and conviction is assured by this spirit of volunteerism.

> "We hear that CARITAS is offering literacy programs so we gather people from the neighborhood and once we have enough people to join, we inform CARITAS who train us to conduct these courses."

The teachers are required to volunteer their services, twice a week for three hours each time. They must bring together a minimum of twenty students from their own communities before they can initiate a class. Thus, the element of trust and comfort already exists between student and teacher. It is expected that the teachers have achieved at least a secondary level of education. In appreciation of their voluntary services, teachers receive an honorary sum each month.

Secondly, the monitors are from the *marakez* (district) and are also required to have received a diploma or institute certificate. They are male or female employees who pay weekly visits to follow-up on classes and sometimes help the teacher in conducting the classes or in overcoming any obstacles. They are required to write monthly progress reports. They receive a fixed monthly salary.

Both the teachers and monitors receive basic training on "general knowledge, economics, communication skills, development and the nature of the illiteracy problem in Egypt." The training courses take place once every four months over a three-day period; the health course takes up to four days and one day is dedicated to the issue of FGM. On this issue, "the social, psychological, religious, legal and historical background" is covered. However, as a result of the FGDs, it appears that the training of the female teachers has been more comprehensive than that of the males.

One observation made by the research team was that the structure of the training course as explained to the research team was to follow a rigid work plan over a two-year period where the teachers would implement each new topic over four months. However, we observed that there was no strict adherence to this set plan and that some female teachers attended several training courses related to FGM while the males had not.

Target Groups

CARITAS targets mostly women and children. When CARITAS began the literacy classes in Assiut, it was working in collaboration with the Municipal Women's Committee. It was only in cooperation with the Governorate's Department for Coordination and Cooperation that classes for males were introduced. Age groups

in either classes might be mixed but not the sexes. Some of the subject matter in the health program is too sensitive to allow for that. Furthermore, the male classes have not exceeded nine in number. One reason is that males are too preoccupied with finding or maintaining work to join literacy classes.

Generally speaking, there are as many Muslims as there are Christians in the villages where CARITAS is active. Many of the classes are mixed Muslim and Christian depending on who the teacher is and where the classes take place. For example, if the class is held in a church, then the audience will be Christian. CARITAS prefers that no segregation takes place in the classes.

Follow-up

The monitors conduct weekly visits to the classes in order to assess the standards of education in the program and to trace the degree of achievement of the students. Weekly meetings for all monitors with CARITAS staff take place where they exchange ideas and give feedback. Teachers and monitors are also encouraged to conduct home-visits.

The purpose of CARITAS's FGM activities has been, to date, to provide a base of knowledge for large numbers of people. However, in the literacy classes there is no system of monitoring and viewing what impact the message has on the students. Despite the lack of a systemic monitoring procedure, local teachers are at liberty to oversee their students and offer them counsel.

Support Educational Material

CARITAS's main focus has been on promoting literacy by using meaningful material that relates to the target groups' surroundings, environment, and issues that affect their daily lives.

The booklet FGM: Torture in Vain was produced in cooperation with the ESPHTP and UNICEF for literacy class students. It appears to be the most popular of the material currently available because of its simplicity, clarity and illustrations. It is the only resource used by CARITAS teachers although it has not been distributed regularly amongst all of the students. Each teacher has a copy for her/his referral and use. The booklet is more frequently given to students of the second level than those of the first level of the literacy program. No other material on FGM is used in the classroom setting.

The teachers and supervisors also have access to Dr. Nahid Tobia's book, FGM: A Call for Global Action, and the ESPHTP's booklet entitled, A Guide to Combating FGM.

The three anti-FGM posters produced by CARITAS, though colourful and expressive, were not always hung up in the classrooms as was expected. Possible explanations are that the classes are often held in Women's committee meeting places, homes or churches making such graphics inappropriate to the setting. These posters were also not found in any of the other six NGO locations visited by the research team.

Results of the Focus Group Discussions

Of the four governorates in which CARITAS works, Assiut was selected for the focus group discussions. Five focus group discussions with young girls, young men, married women, female and male teachers were conducted during visits to Banoub, Mahmoudia (Dairut) villages and Assiut town. Because FGM was only introduced to the curriculum in 1995, the impact is difficult to assess. However, CARITAS is

reaching out to as many people as possible by conducting literacy classes in the villages.

Results of FGDs with Teachers

The FGD with the female teachers revealed that they have received training that covered the basic information on FGM as well as the necessary communication skills to relay the message to others. Their success, however, depends on each teacher's patience, their respect for the "simple opinions" of their students, and their ability to answer questions readily and willingly.

> "We must make sure that we do not impose any of our ideas but offer them in the form of a discussion."
>
> "We have to pass on the information in their own terms so that they can understand what we say easily."

The female teachers felt that the information they had was adequate, but that the class time spent discussing FGM could be increased. However, if the topic is to be discussed in more detail, thereby taking up more class time, the teachers would also require more training to enable them to deal with the subject.

The training of female teachers on the topic of FGM has been more thorough than the training received by the males. Their attempts to convince the female students against the practice has had positive results on the young girls that participated in the FGDs. The female teachers have found that the young girls are easier to target than the married women.

> "When I talk to the girls, I give them experiences from life and it is easier because their experiences are still fresh in their minds. They can understand it when I tell them that it causes infection, because they are experiencing it."
>
> "The girls are more flexible and receptive to what we say but the mothers ask me how I can talk about this issue even though I am not married."

Thus, the element of the credibility of the provider of the message comes to rest on factors such as age and marital status. Although the teachers are well equipped with the know-how to pass on the health messages, their social standing puts their authority into question.

Male teachers, on the other hand, were of the opinion that they did not consider FGM to be in their domain of discussion and that only women could discuss issues pertaining to FGM. They also believe that women are the decision makers in the family when it comes to this issue. The male teachers appear undecided amongst themselves as to whether they support or oppose this practice. They even question why this issue is being discussed these days. The following are some of their comments:

> "It is hard for us to discuss this topic with twelve-year-old boys."
>
> "The students have to be above 16 years before we can discuss this issue so that we can convince them and that they can have an influence on others."
>
> "This topic never preoccupied me before and this is the first time for me to discuss it."

Both female and male teachers agreed the best approaches for spreading awareness were through natural religious gatherings, media campaigns, and by

criminalizing the practice. They also commented that home visits were not necessarily the most effective way of spreading awareness and relied a great deal on the readiness of the people.

> "Sometimes home visits can have an opposite effect in Upper Egypt because people think that if you take the trouble to go to their homes, this means that you want something from them. It is also in the nature of people here to be stubborn and do the opposite of what is asked of them. They should seek the information out themselves instead of having it handed to them."

A similar sentiment was echoed by another NGO program administrator who stated that the religious make-up of the people was of great importance because this method could be misunderstood and perceived as proselytizing.

Results of the FGDs with the Young Girls

The young girls at Banoub village in Dairut have begun to speak more openly and feel that they may have a bigger role to play in future decision-making. They affirm that the skills and knowledge obtained from the literacy classes have empowered them and have altered their perspectives towards their responsibility to their family and their community.

> "If I were not educated, I would have been married off a long time ago. Now I can make up my own mind."

> "Communication skills have helped us to talk to others and this has changed our behaviour."

In spite of the lack of follow-up, the research team sensed from the FGDs that the young girls understand that FGM is neither a requirement nor a necessity.

> "It is not necessary and is harmful to the girl."

> "God would not have created this part if it was not of use."

Although most of the girls were circumcised, they were all convinced of the harmful effects of this practice, "will not repeat this mistake with [their] children," and are eager to help in convincing others. However, they all doubted their ability to contribute to future change of behaviour regarding other girls of their age.

> "Last week one of our neighbors circumcised her daughter, I tried to convince her not to but she insisted on bringing the *daya* (midwife) to circumcise her."

> "We try to convince others but if we tell them that it causes frigidity, they ask us how we would know such things."

This last comment is yet another indication that social boundaries of shyness and propriety are hindering the girls from passing on the information to others because "the older generation is not prepared to listen and think that this is nonsense and that it is not proper to talk about such issues." In their opinion, such social constraints within the community can be broken by simple alternative methods:

> "People can attend a seminar by a priest or a doctor."

> "Face to face confrontation [is the most effective approach]."

> "People are more convinced when the information is in a book."

> "Show them examples of uncircumcised women who are married and decent."

Only the students of the literacy classes are exposed to the campaign against FGM and, therefore, increased attention needs to be paid to other family members. The

entire family must be involved in establishing a positive social environment of gender equity since familial and marital pressures rank as the greatest concern for girls:

> "We had a lot of fears and family pressures. Even though we were educated we wanted to be like the others."

> "Sometimes, the husband finds out that the wife is not circumcised and he insists on performing this operation."

Results of the FGDs with the Male Students

The male students of the literacy classes were quite young(12-20 years) and were reluctant to discuss this issue openly during the FGDs with the female research team. One of them stated that both he and his sister had heard the same message in the literacy classes. Only his sister had received booklets; she openly discussed the subject with their mother, whereas he was convinced that he could not interfere because this is a women's issue. "Frankly speaking, one is embarrassed to discuss this issue with members of his family."

A revealing comment by one of the male participants was that his attempts to convince a friend had failed, although he had stressed the health hazards related to the practice. "I told him that it (FGM) causes infertility and hemorrhaging but he was not convinced." It is important to note that such generalizations and the stress on the immediate health hazards related to FGM can be detrimental to the campaign because only a segment of the target groups can relate to these justifications. This opinion was confirmed and reiterated by the female teachers. "It is important not to generalize. If I say that circumcision causes infertility, [the women] will tell you, 'I am circumcised and I have children.'"

In general, however, the male participants themselves seemed to be convinced of the harmful nature of the practice. They affirmed this by expressing their willingness to marry uncircumcised girls.

Results of the FGDs with the Women

In the women's FGD, there was a lot of confusion and uncertainty as a result of lack of knowledge about FGM. Mothers did not have answers to their basic fears concerning the marital status of uncircumcised girls. Most mothers expressed fear that their daughters would not be able to marry if they were uncircumcised. Two women said that their husbands were the ones who insisted that this operation should be carried out because they were worried that their daughters would go astray. The women were aged 30+ and the majority said that FGM is important for the well-being of their daughters, although they had heard about the hazards. They mentioned that they were convinced that "a slight clitorectomy" was the answer and that "it was all right to have a doctor circumcise [their] daughter[s]." However, they proposed further involvement of the *Imam* (sheikh) of the mosque, physicians and the media as well as increased circulation of booklets.

In conclusion, it is clear that the young girls showed more concern and potential and should be considered as a vital target group in the acceptance of change. Literacy classes may be an important venue for spreading the message in the attempt to stop female genital mutilation. However, as expressed by most of the teachers, better preparation is needed, more material and more class time. At the same time, a system of follow-up may be incorporated where girls at risk of being circumcised are monitored.

Observations by the Research Team

Essentially, the role of CARITAS is to promote education. It has conducted extensive work to encourage learning amongst women but literacy classes for men have been slow to come. It is, therefore, imperative that a greater number of male teachers be encouraged to adopt a stance against this practice. It is additionally important to conduct intensive and comprehensive training for interested male teachers. FGM is not a "women's issue," but rather one that takes its toll on the entire family. There have been requests made by women for seminars to be held for husbands and grandmothers who are often the source of family pressures. CARITAS acknowledges the importance of including males in its awareness campaigns and should therefore intensify male concern by stressing the concept of FGM as being an impediment to social and gender equity.

Information on FGM given to the students was limited to lectures, predominantly by the female teachers. It was observed that different approaches such as role play or the invitation of a physician or a religious leader to talk about the problem have not been attempted in class.

Time needs to be better allocated to FGM in the classroom. Health topics are tackled during the last hour of the literacy classes and this is insufficient coverage. CARITAS can assess when the community tends to circumcise its girls, intensify awareness efforts during that period in particular, and then continue to educate the public on an ongoing basis.

Being from the community themselves, the teachers should act as role-models by stopping the practice in their own families and expressing their conviction to their students. Providing examples from within the community of uncircumcised women who lead stable married lives is necessary if change in behaviour is to take place.

Support material needs to be provided during teacher training. Support material for the teachers such as an Instructor's Manual has not been developed. The CARITAS teachers themselves have expressed a need for such a manual, one that would include detailed and comprehensive information on the subject as well as suggested teaching alternatives and exercises they could conduct with the students.

Both teachers and students rely heavily on the booklet FGM: Torture in Vain, and there is not enough use of any other material in the classroom. It would be more appropriate to hand out a different book for each level of the course (Year 1 and 2). Such books could become a part of the school curriculum.

CARITAS needs to look at systematic follow-up methods because this is the one aspect that is lacking in their approach. CARITAS's main objective does not include close monitoring of success in the number of girls spared circumcision as a result of their program; however, this remains an important factor that needs to be considered.

Coptic Evangelical Organization for Social Services (CEOSS)

Background

CEOSS was founded in 1950 and has become renowned for its extensive work in community development. Since its founding, the empowerment of rural women has been a pivotal aspect of its programs. In 1976, CEOSS established the Family Life Education Unit in which FGM is a central component. FGM is dealt with in the midst of several other harmful practices affecting women such as early marriage and the tradition of bridal deflowerment. CEOSS started work in Minya, and spread to Assiut, Beni Suef, and Cairo. The fieldwork portion of the evaluation study was undertaken in a village in Minya. Since 1995, CEOSS has included reproductive health as well as FGM as part of its programs in 22 communities in Minya governorate. CEOSS is actively involved in these communities through seminars, meetings, and awareness campaigns. All members of the family are targeted through the programs while girls between the ages of 7-13 (the time period when circumcision is usually performed) and their mothers receive special attention.

Study Outcome

Documentation

A 45-year activity report includes summaries on the various development sectors and mentions the successes of the FGM program. Annual reports on the Women's Program (available since 1990) are compiled from the monthly reports. The format of reporting has recently been altered from a descriptive format to a more quantitative one. Method, technique and approach are not recorded. The qualitative aspect of CEOSS activities on FGM is not documented.

Program Approach & Implementation

There is a high demand for CEOSS' diverse activities such as education, income generation, agriculture, infrastructure and health, of which FGM is a part. The CEOSS staff begins work in a community only upon the written request of its inhabitants. If CEOSS accepts this request, it helps in forming a committee of formal local leaders comprising of a *omda* (mayor), a *sheikh*, and a priest. There is no forceful imposition, allowing for more cooperation and acceptance by the villagers. At the initial stage, it is the community leadership that expresses problems and dictates what CEOSS's role will be. CEOSS works with a local NGO so as to ensure the sustainability of its activities once it withdraws from the community.

CEOSS actively works with 22 communities in Minya. Its involvement is in several stages. One stage is that of cooperation where members of the CEOSS team conduct, observe and monitor activities in collaboration with the formal and informal leaders of the community. The next stage is when the local leaders assume the responsibility of participation under the guidance of the CEOSS team. By then, the village is more reliant on the local leadership. So far, it is reported that fifteen communities in Minya have reached a more advanced level of self-reliance, whereby the local NGO independently conducts all activities. There are also some communities that are considered special communities where only certain activities have been implemented because of that community's particular needs.

Since 1995, fifteen villages in Minya have been exposed to reproductive health issues. According to interviews with program implementors, a success rate in FGM eradication of above 70% has been achieved in eight villages: Deir El Bersha, Al Tayeba, Bayadeya, Abu Gilban, Zawayet El Sultan, Edfu, Beni Mohamed Sharawi, Nasseriya, Kom Buha, and Sarafina.

Under the guidance of CEOSS program implementors, a live-in team comprising of a male and a female is appointed to the village and work directly with local leaders. This is very helpful in that it helps to break the barriers between the community and the visiting organization. In the initial stages of the work, a survey is carried out by the live-in team in cooperation with the local leaders to register the number of girls of the age when circumcision is performed (i.e. pre-adolescent). The community is divided into regions according to the number of leaders available. Each leader works in her specified area for which she feels responsible. An annual plan is set and a reasonable number of girls are monitored. That is to say that a community leader is required to monitor approximately ten girls per year on specially-designed monitoring charts as presented below. Success or lack of it, in an area, then reflects directly on the particular leader assigned. Community leaders provide the positive or negative statistics through this follow-up, standardized **monitoring chart**.

Name and Address	Date of birth	Responded			Convinced			Stopped	Comments
		Discussions	Questioning	Reasoning	Verbal consent	Family discussions	Consent to stop	Girl reaches 13	

Monitoring of the programs by the local leaders takes place on a monthly and annual basis. According to the specially designed monitoring chart, if a girl reaches the age of 13 and remains uncircumcised, she becomes a positive statistic. 13 years is the age chosen because people prefer not to expose their daughters to such an ordeal after this age. At this age she is considered a “lady” or “bride”. This, in turn, is reported to the CEOSS staff.

In addition, the system of monitoring is complemented by an annual work plan that includes seminars, meetings with religious personalities, and training courses for the villagers. In these settings, any topic that requires reinforcement is discussed, particularly, the question of religion. At the same time, refresher training courses are held the year round for local leaders. This is a flexible work plan and often leaders may request to have the program changed so as to include other issues of interest.

Introducing FGM to a Community

Program administrators reported that when CEOSS begins providing community service, there is a gradual introduction of issues pertaining to health and literacy. Once trust is established, the staff introduce the topic of FGM as well as other sensitive subjects. Timing, continuous monitoring, alternatives and the readiness of the people are the factors considered before such issues are introduced. The religious make-up and atmosphere of the communities are the factors they prudently consider when introducing such sensitive subjects. As suggested by one FGD participant, “The topic should be introduced gradually, as the CEOSS staff did with us. It should not be a forced issue.” During the FGDs, the mothers agreed that they remained convinced because of the relationship of trust, the continuous monitoring and the comprehensive services offered by CEOSS to their community:

> “The CEOSS staff convinced us that we were harming our girls. ”
>
> “They come to visit us every month and sit with us personally.”
>
> “They were also able to convince our husbands. ”
>
> “They were interested in our well being.”

> "There are no longer these practices in our village because CEOSS has dealt with all the health issues that are important to us like FGM, early marriages and deflowerment ceremonies."

Another aspect that has facilitated CEOSS's community work is that the religious perspective of FGM is more clear-cut in Christianity, thereby making it easier for CEOSS to work in villages that are predominantly Christian. Furthermore, deciding to introduce FGM in the community takes place only after the local formal leaders are consulted and their support obtained. Both Christian and Muslim religious persons within the community must also be in agreement since their opposition would hinder any work in these areas.

Community Leadership

Leaders are selected from within the community to work at the grassroots. It is important to note that the main criteria for choosing community leaders is not their standard of education, for many of the leaders are not necessarily educated. The most important characteristic is that they are convincing, influential, respected personalities who can be role models in the community. The program administrators were keen to recount the story of one community leader whose daughter was circumcised secretly by her grandmother. As a result the leader could no longer be an exemplary model and was relieved of her duties. CEOSS has a strict policy of encouraging leaders to practice what they preach.

The majority of community leaders are women, whereas male leaders work to implement some of the programs. Before FGM is introduced, **the content of the leaders training** on FGM covers such topics as the religious, social and the legal perspectives. Experts in these areas are invited to participate in the training of the leaders as a complementary part of the program. The training is also on how to conduct home visits and how to respond to questions on FGM. During the training, a variety of techniques are used, such as role play, workshops and discussion groups that encourage interaction between the recipient and trainer. CEOSS views training as an on-going process and, therefore, leaders attend refresher courses "approximately four times a year all of which are conducted in Etsa centre." Leaders are also involved in the subsequent training of new community leaders. They are involved in the yearly plan which includes twenty seminars, 10 meetings with religious figures, and 10 training courses delivered for all CEOSS community leaders. This is a factor that motivates the leaders to carry out their work faithfully. Leaders work on a voluntary basis and their compensation is mostly the sense of satisfaction that they get from the work itself and the popularity and prestige that they gain. An incentive system will begin in 1997 to compensate the local leadership and ensure that CEOSS does not lose these dedicated workers to organizations that are willing to pay salaries.

Support Educational Material

The *New Horizons* manual produced by CEDPA has been piloted in Al Tayeba and aims at increasing the opportunities of adolescent girls by enhancing their life skills and their knowledge of reproductive health matters. Regardless of the level of education attained, independent thinking is encouraged amongst the girls through open discussions, role-play and songs, whereby they can come to their own conclusions on their role within the family and society, and their rights in education and marriage.

In addition, booklets produced by ESPHTP have been put to use by CEOSS program implementors, community staff and local leaders but are considered second in preference/importance to the home visits and face-to-face seminars.

During the interviews with the NGO personnel, it was stated that the booklet FGM: Torture in Vain is seen as being too simplified for the community leaders and underestimates their knowledge, yet it is extremely useful for young girls and students of the literacy classes. The booklets on the religious perspectives in Christianity and Islam are difficult reading even for the graduates of the literacy classes. However, they carry clear messages and their information can be easily transmitted. One drawback is that they can only be read by leaders who have a degree of education.

Recently, CEOSS has started to make use of Dr. Nahid Tobia's book entitled, FGM: A Call for Global Action.

According to program administrators, the use of slides and life-size anatomical models was not welcomed by the local leaders because it would shock the audience; this approach should only be used during the advanced stages of awareness-raising.

Results of Focus Group Discussions

Al Tayeba, a community in Minya was selected as an example of CEOSS's work. CEOSS staff informed us that they have been in contact with this village for over ten years. Although Al Tayeba is 80% Christian, CEOSS target population spans the entire community. CEOSS was able to reduce FGM by approximately 70%.

The research team was able to conduct a total of seven focus group discussions. These include a group of men, a group of educated mothers, two groups of uneducated mothers, two groups of young girls (aged 11-16), and a group of community leaders, all of whom were exposed to CEOSS's different approaches. The following are some comments on the efficacy of the home visits:

> "I am from a very strict and conservative family and I have three daughters. Circumcising a girl was very important in our family. After the CEOSS staff paid me a visit at home and explained it from the religious perspective, I was convinced and I did not circumcise my daughters."

> "Home visits and face to face discussions are the most effective means."

> "Home visits are the most effective because at home people have the freedom to ask what they want."

The information conveyed through the CEOSS approach in the area of FGM was clear and positive. In all the focus group discussions that took place, the participants mentioned that changed views on FGM came as a result of direct or indirect contact with the local leaders or CEOSS staff. Local leaders have been working and following-up on cases for over ten years making behavioral change possible, although a very long process.

Results of the FGDs with the local leaders

With a majority of villagers being Christian, CEOSS community leaders have expressed that it is easier to convince them (as opposed to the Muslims) because the Christian stance is clearer than the Islamic one due to the different interpretations on this issue. All the leaders stressed the importance of cooperating to consolidate the religious message:

> "The topic was openly discussed during the village committee for all religions and then a bulletin was distributed to be read during the Friday prayer and in church on Sunday."

> "Muslim youth can receive awareness in a mosque and Christians in a church."
>
> "When a priest or a Sheikh convey the message, it is more convincing."
>
> "We need the religious people to talk to both the men and the women in seminars because in the religious setting nobody gets embarrassed."
>
> "We naturally cooperate with each other [Christians and Muslims] in issues like family planning, bridal deflowerment and early marriages but the problem is that FGM is sensitive to Muslims. Therefore, women are more responsive to their own religious figures and to a female doctor."

It was emphasized by the leaders that their role was to convey the basic reproductive health messages and that if their audience were in further need of clarification, seminars and/or meetings with religious leaders and doctors would be arranged.

> "We tell the girls the information that we get from CEOSS, but if we fail to answer some of their questions, we invite a doctor who can give a better picture."
>
> "The best way is for a female doctor to go to school and talk with the students."

Another important aspect that appeared in the FGDs was that the leaders were not only exposed to the stereotypical methods of providing awareness, but were also encouraged to perform role plays and were trained on how to respond to the questions that would be asked of them. However, they affirmed their need for further training because "this new topic of reproductive health is new to [them]" and "the different ways of conducting home-visits have changed and [they] need continuous training."

Results of the FGDs with Young Girls

It was apparent that the young girls from Al Tayeba possessed an understanding of the medical and social repercussions related to FGM due to their exposure to *New Horizons*. As part of this program, adolescent girls are introduced to more creative, innovative and interactive communication methods such as dramatic performances, discussion groups, and production of visual aids:

> "It also includes cassettes with stories in the form of a dialogue between two mothers."
>
> "I memorize the tapes and go home to tell my family what I heard"

The girls spoke in favor of the techniques that allow them to voice their opinions and increase their self-esteem. They further acknowledged their right to decision-making and expressed confidence that being uncircumcised was not a future obstacle in the way of marriage and childbearing. All the girls were aware that a girl's chastity is a matter of upbringing and not the mutilation of a sensitive part of the body.

> "Now we know that a girl's behaviour does not rely on this part of the body but on her principles and her upbringing. It makes us want to protect ourselves."
>
> "When parents circumcise their daughters it is as if they do not trust them, but an uncircumcised girl knows how to protect herself and this is an honor for her."

They went further to express the knowledge "that it is her right not to accept this" and that it is important to "take her opinion because she should not be forced into anything." This awareness has led to conviction and insistence that, as the mothers of the future, they would spare their own daughters this experience.

> "Girls now have an obligation towards their children so by the next generation no girls will be circumcised."
>
> "I am upset that I am circumcised so how can I permit this to happen to my own daughters?"

As a result of this conviction, the girls suggested that one of the simple and effective ways of spreading awareness would be to involve the girls of their generation in preparing tapes on which their questions would be answered. "A group of girls can pose all the questions that they want to know about and then a doctor can answer all these questions on a cassette. These cassettes can be borrowed from the church for a small amount of money."

The girls were also conscious of the social barriers that prevented FGM from being discussed through official and semi-official educational channels but affirmed the need to develop the role of the school in spreading awareness:

> "This topic should be included in science class in the future because now the school officials and the teachers are uninterested and too embarrassed to discuss it with the students."
>
> "Not all the teachers in the school can tackle this topic but we should not make embarrassment an excuse."

Results of the FGDs with Mothers

Mothers, both educated and uneducated, were well aware of the health hazards related to FGM, but both groups expressed concern about the relation between FGM and childbearing.

> "People say that if you are not circumcised, you will not get pregnant."
>
> "Can FGM really cause infertility?"

Mothers have legitimate concerns towards their daughters' well-being and marital prospects; they also have concerns regarding the mothers' role in decision-taking and in relaying the message to others. When asked about decision-taking in the family with regards to FGM, there was unanimous agreement that it is the female head of the household who makes such decisions.

> "The mother can discuss the topic because she is the closest member of the family to her daughter."
>
> "The father does not know about these things. It is the decision of the mothers. We are the ones who are reluctant to circumcise our daughters."

The mothers not only have a role to play within their family but also have an appropriate familial standing that allows them to pass on the information to extended relatives.

> "I prevented my nieces from being circumcised. I also spoke to my mother and sister."
>
> "I could not save my first niece but I spoke to the rest of the family and was able to convince them."
>
> "My husband's family is from the villages and it was hard to convince them."

> "My sister-in-law wanted to circumcise her daughter. I told her that it is wrong, that it is not mentioned in religion and that it prevents sexual pleasure."

All of the mothers, unlike the young girls who expressed embarrassment of talking to elders, affirmed that they had tried to talk to others, although they were not adequately successful in sparing some of the young girls in their extended families from being circumcised.

Results of the FGDs with Males

During the FGDs with the male members of Al Tayeba, it was interesting to note that there was little embarrassment and that due to their exposure to the topic, the males no longer considered it a taboo. They also admitted that they were more open to discussing this issue, because in their opinion, "It is 100% the decision of the father. He is everything in the household. He is the one who says whether a girl should be circumcised or not." Interestingly enough, it is evident that both women and men perceive themselves as the major decision-makers in the family and it is, therefore, imperative to further understand and analyze the dynamics that govern such intricate family structures.

Despite expressing knowledge of the physical harms related to this practice, the males acknowledged the need for increased book circulation, thorough media coverage and, above all, the support of figures of authority "such as religious men or doctors". The factor of recruiting and training leaders from within the community is essential in ensuring commitment and self-reliance.

> "All the men who are convinced should work in their own vicinities by talking to other men so as to convince them."

> "The community must be reliant on its people because only an insider will understand the environment and the attitudes of the people."

However, the males expressed discomfort towards their role and effectiveness in relaying the message.

Observations by the Research Team

The following are some positive aspects of CEOSS's approach in grassroots mobilization:

One of CEOSS's strong points is that they always set realistic targets for themselves to be achieved by the end of each work plan. That is to say that each local leader monitors approximately ten girls. A hundred girls may be targeted at one time per year in a village, making continuous and effective monitoring possible by the local leaders. CEOSS plans a feasible target for each female local leader to enable her to follow the girls closely.

CEOSS's reliance on local community leaders allows for a greater amount of sustainability in the projects and activities implemented. Trained female community leaders have become active participants in community life. They are given a title and a responsibility that gives them a sense of achievement. To a great extent, this is a form of empowerment.

One of CEOSS's strong points is that continuous follow-up, on-going training, seminars, meetings, and workshops are conducted by specialized speakers from outside the community such as doctors, sociologists, psychologists, and environmentalists for the entire community. This system keeps the topic continuously open for discussion.

In Al Tayeba, part of the success was achieved because it is a homogeneous community where there is the general feeling of conformity, and the local people are easily influenced by one another.

Another important point that may lead to sustainability is the fact that CEOSS ensures that the village does not become dependent upon their services and is capable of carrying on the activities even after CEOSS leaves the community. One of the ways that CEOSS does this is by establishing a local non-governmental organization or through an organization already set up in the community to perform many of the functions previously conducted by CEOSS.

CEOSS has been successful in mobilizing grassroots approaches in several villages all of which have a Christian majority. It has already begun to work in villages with Muslim majorities but has not yet been able to duplicate the success stories of the Christian villages of Al Tayeba and Deir El Bersha.

There has not been much interaction with other NGOs. Success stories of one NGO should only serve as an example for others, so CEOSS may consider sharing information on their field experience, the training processes of local leaders and the methodology pursued in reaching behavioral change.

Coptic Organization for Services and Training (COST)

Background

The Coptic Organization for Services and Training (COST) has been active in the field of raising awareness on health issues and the environment as well as community problem-solving in Beni Suef villages. It was established in 1988 with the initial purpose of providing training for local leaders in community development. COST provides its services to both Muslim and Christian groups. Its approach centres around three main functions: social development, training, and health services.

Work in the field of FGM began in 1994 within sixteen villages in Beni Suef as part of the health care program. The approach includes meetings with different segments of the population, trainings, and home visits.

Study Outcome

Documentation

Activities, both actual and planned, are recorded by the COST community staff in a monthly activities sheet. This mentions the community work that takes place, the program sector to which the activity belongs, the activity itself, the target group, the planned and attained goals of the activity, the workers, and the numbers of actual and targeted beneficiaries. This form covers the extent of all COST community work including FGM activity. There is no means to document FGM work separately. Annual reports are drafted on the basis of the above-mentioned monthly reports. For the records, activities are then evaluated and a final draft is written and translated.

In light of these evaluations, amendments to the approach, goals and techniques are made. Two FGM reports were written after COST joined the Task Force to document this new activity. The reports cover the meetings held, the target groups, obstacles faced, and training.

COST's documentation is systematic although their goals are not clearly defined on paper, making quantitative measurement of their progress difficult.

Program Approach & Implementation

As reported by COST administration, work at the community level has increased over the years to encompass sixteen villages. The process by which villages are selected to receive COST services is gradual. If a village is known to be particularly lacking in services, COST must be introduced to the community through a reputable contact from within the community itself. In this way, there is a link between COST and the particular community's demands.

COST conducts its health program through seminars, meetings, home visits and special projects.

There are monthly health **seminars** tackling different issues. FGM is usually discussed during the months of May to August which is considered "circumcising season". At this time, COST increases its activities in all the communities in which it works. The numbers that attend such seminars vary according to the size of the community.

These seminars are attended separately by the different target groups such as men, women, and young girls. This setting allows the participants an opportunity to speak, discuss, and air their thoughts. COST community staff are responsible for holding these seminars and sometimes invite guest speakers such as doctors or religious leaders.

Meetings, on the other hand, comprise all the target groups at the same time giving a chance for all members of the family to attend together and at the same time giving them good grounds for discussion at home afterwards.

In order to encourage reading, writing and to stimulate independent thought, the community staff sometimes organize **special projects**. An example of this is that young girls who attend literacy classes are encouraged to read the books and to produce research papers that include their opinions on FGM.

Leadership

COST works with two levels of leadership. The COST **community staff** are selected from Beni Suef with the understanding that they will be working in villages. They are young graduates, hired for their conviction to serve their community. Upon appointment, they receive a comprehensive training course that covers health, agriculture and environmental issues. Every fifteen days COST provides them with additional training sessions on topics such as "how to plan ahead," evaluation, and "how to be self-reliant." Each work team decides on particular methods and areas of focus based on their particular community's needs. Every two months all leaders get together for three days to exchange information.

Community-based health workers form a health committee in the village in order to help the COST community staff implement the work and maintain a degree of self-reliance once the COST staff have left the village. COST staff is responsible for providing training and follow-up to their community work. These male and female health workers are not necessarily educated but need to be highly influential. They are also introduced to COST programs and receive guidance on how to plan and carry out seminars. Each community is supplied with a library with books pertaining to the different programs introduced to the village. The role of the community leaders is to encourage villagers to make use of the library. Home visits are also part of the health workers' responsibility.

Both COST staff and community-based workers receive comprehensive training that covers health, agriculture and the environment over a three-month period. The topic of female circumcision is tackled within the more general context of health. According to the COST program assistant, because this training is comprehensive, not all topics can be covered in depth. Once the community leaders start their field work, they have books to refer to as well as refresher classes.

Monitoring and Evaluation

COST community staff leaders are committed to the community in which they work depending on its requirements and feedback from its people. Their presence in the community extends to approximately four years, during which community-based health workers trained to carry out the necessary services of which FGM is a part. Each community staff leader is required to monitor two villages and to pay weekly visits to the community. These weekly visits are followed by report-writing to ensure that progress in the community is going according to the plan. Monthly and annual reports serve the evaluation process in light of which COST sets the action plan for each work team. Finally, there is an evaluation committee including an external observer, a community leader, a village supervisor and a COST staff member, to carry out the annual evaluation.

Monitoring and evaluation assesses the impact and efficacy of all the services provided in relation to FGM. However, there is no close follow-up at the community level to make sure that girls remain uncircumcised.

Support Educational Material

The COST premises in Beni Suef acts as a resource centre where books are available and distributed at the community level. They are usually used in the training of the village community leaders. Every village has a small library that also includes some books on FGM. FGM: Torture in Vain is popular amongst the students of literacy classes. The ESPHTP booklets, books produced by CIHRS and FGM: A Call to Global Action are often available in these libraries.

COST also makes use of the collection of booklets produced by the Committee for the Protection of Young Women in Motraniyet, Beni Suef. Examples of these materials include FGM from a Christian Point of View and A Harmful Tradition and its Injurious Effects. The latter is an example of material containing misleading and inappropriate messages and, therefore, requires revision and pre-testing before distribution. These booklets have not been circulated amongst other NGOs.

Results of Focus Group Discussions

Abu Hashem is one of 16 communities where COST provides services. It is a community with a Christian majority, all of whom have been exposed to the anti-FGM campaign since 1995. The program offered is available to the entire population both Muslim and Christian.

Four FGDs were conducted in Abu Hashem, with the COST community staff, the community-based health workers, the young girls, and with married women.

Results of the FGDs with COST community staff

COST community staff are trained on issues related to health, agriculture and the environment and, therefore, they have expressed the need for more intensive and comprehensive training on FGM. So far, they have received the basic information through resources and meetings about the health complications related to this practice. However, they have stated the need for new methods and approaches for communicating the health message at the grassroots level, especially since community members require simple information that is not necessarily answered in the material available. The health workers also stated that they had the greatest difficulty in convincing male audiences and that the answer to male concerns are not to be found in the present resources. Some concerns are as follows:

> "A man may send his wife back to her parents when he finds out that she is uncircumcised."
>
> "Men are always asking 'Why now all this attention,' which is something that needs to be explained."
>
> "Men sometimes justify this practice with reasons such as the preservation of a girl's chastity."

In order to answer these queries, the COST community staff have suggested that the material be "especially designed for males by the males themselves."

Results of FGDs with Community-based Health Workers

A primary requirement of the community-based health workers was the need to have their health message consolidated by the backing of official bodies. All of them asserted that people would be more readily convinced if the campaign against FGM were endorsed and sanctioned by the government.

> "All sectors in society such as the media and the government must discuss this issue openly."
>
> "The law needs to be strictly imposed because we read that the minister has forbidden this."

This lack of obvious support has hindered the establishment of role models within the community of Abu Hashem. However, one of the positive aspects in this village is that, as a tightly-knit community, ideal settings such as in the church and visits to the homes have facilitated positive results amongst the people.

A few of the health workers stressed the importance of the support of the community priest because the main entry point of discussion is the religious perspective.

> "All people prefer to begin by listening to the religious perspective on FGM and the Christian religion is very clear-cut in this respect. After that there is the demand for the medical viewpoint."

They felt that they were at an advantage because their message is unconstrained by religious controversy.

Another point mentioned was the fact that Abu Hashem is a closed community and that it should be easy to monitor girls in the village who are at risk of being circumcised. The leaders felt that progress has been slow because people are afraid of what others will say, their reputation amongst the neighbors being of utmost importance.

One of the suggestions made was that targeting the influential leaders in the community would help set the example for others to follow.

> "We need to talk to the leaders within the village because if they are convinced then they will be the perfect example for others to follow."

Another suggestion by the health workers is that when talking to young men and women, the ideal entry point may be to discuss with them the effects that FGM may have on marital and sexual relations. In such situations, members of the health committee would need to be well equipped with good communication skills and self-confidence that would allow them to transmit the message.

Results of the FGDs with Young Girls

The young girls at Abu Hashem were quite clearly convinced of the health hazards related to FGM. However, they expressed concern that other community members such as the fathers, grandmothers and the male youth were not receiving sufficient attention. Another worry, similar to that voiced by the girls in Al Tayeba, was that due to social barriers, it was difficult for them to relay this health message to others.

> "We have tried but they say that [FGM] is tradition."

> "I tried to talk with my mother but my grandmother said that it is nonsense."

> "We are convinced but our parents are not."

The young girls affirmed that COST's efforts to target the community at all its levels could be consolidated by an increase in the number of seminars, home-visits and books available. A variety of methods were proposed:

> "Books are useful because we can take them home and convince our family that what we are saying is not nonsense but is the opinion of important people."

> "Use video films."

> "Conduct home visits because people appreciate this special attention and can also ask their questions freely."

The girls, as well as the mothers who were met in a separate FGD, have stressed the importance of increasing incidences and resources that expose the general public to this issue.

The FGD with the young women, who were on average twenty years old, pointed out that they vowed not to do to their daughters what had been done to them. There is the general feeling amongst the girls that their education and COST's continued attention has given them the opportunity to improve themselves and make their own decisions.

Although the girls have expressed commitment to this cause, they have found difficulty in communicating the message to older women because they are either considered too young or too shy.

In the FGDs, mothers were quite clearly convinced of the harmful nature of FGM, but they were not always able to articulate their thoughts or provide detailed or scientific responses. Many of them seemed to be convinced that the trend nowadays is not to circumcise. They were mostly uneducated although many of their daughters were going to school or literacy classes. They expressed that they needed a larger selection of booklets available to all and that the men need to be targeted.

> "Every house has someone who can read and who can explain it to the rest."

Observations by the Research Team

COST works in 16 communities, which have a mixed population of Muslims and Christians, but program administrators expressed that they could not address the issue through home visits to the Muslim homes out of fear that their efforts would be mistaken for proselytizing. The seminars, on the other hand, always include Muslims and Christians. Often there is a desire by participants to know more about the perception of other religions on the topic of FGM. As an entry point, religion also adds seriousness and authority to the seminars and meetings.

Girls, in particular, have shown positive results but they have requested that other members of their family also be exposed to the same awareness. Behavioral change will only take place if the entire community, including young men, participate in the campaign.

When providing services in a community, COST needs to consider the service requirements, the population, and the readiness of the community members to cooperate. In order to do so, COST needs to get the support of the influential members of a community such as the *omdas* (mayors), doctors, and religious leaders. These key individuals could act as spokespersons and role models of the cause.

During the focus group discussions, women suggested that although they themselves were convinced of the harmful effects of the practice, the social pressures around them were too great. This being the case, community leaders may be the required positive examples.

Community participation can further be encouraged by delegating to supportive people from the local community the responsibility of monitoring their part of the village. With this assistance from the community, COST can establish a system of follow-up and monitoring in its program.

Egyptian AIDS Society (EAS)

Background

The Egyptian Aids Society (EAS) was established in Alexandria in 1992. The Society was set up to educate and raise awareness about AIDS and methods of prevention and protection. Since 1994, they have included in their education programs the concept that FGM is a harmful practice that may contribute to the spread of AIDS. FGM and reproductive health have become central elements of its program. EAS's efforts are based on publicity, education, and training. FGM is always introduced within the context of other awareness campaigns and training projects where AIDS is the first priority and other health issues including FGM are a second priority.

The chairperson, aided by volunteers are responsible for the program. They use all accessible ways of media and education to target all levels of the community. The groups targeted are women and youth first. Workers and coordinators (i.e. those who may educate others) in the government ministries etc. are often targeted in the training sessions. The activities are mainly based in Alexandria. Depending on available funds from granting agencies, short-term projects, targeting different groups may take place in other governorates such as Suhag, Assiut and Cairo.

Study Outcome

Documentation

The Egyptian Aids Society documents its activities in the form of annual reports or bi-annual reports. All seminars and meetings are also reported on a standard form that includes the number of participants, the groups targeted, the topics discussed, and general comments. Most projects that are funded by international donors have been clearly documented.

Program Approach & Implementation

EAS raises awareness by conducting training of trainers, one-day meetings, seminars, medical caravans and media campaigns. All these diverse activities are a part of the awareness campaigns. The message that links AIDS to FGM always remains the same but the means of delivering it may change from one target group to another.

The **training of trainers** is conducted for service providers such as doctors, nurses and social workers who, in turn, will target women and youth. One-day meetings are conducted for those who are in leadership positions such as social workers and youth coordinators in ministerial positions.

FGM is dealt with in **seminars** and **one-day meetings** as one of several health risks and is not tackled as a separate issue. Throughout the seminars (grassroots groups), the same material given in a three-day training workshop is also given in a simplified and condensed form over a two-hour session. The angle may differ in order to focus on that particular target group's needs. EAS prefers to have mixed seminar situations where different segments of society are represented, for example, men, women and youth. This allows for open discussion and debate. EAS suggests that due to the sensitive nature of the subject matter, FGM needs to be introduced amongst other issues. Seminars are usually two-three hour sessions that target men, women and youth.

The **media campaigns** are intended to raise awareness on the negative effects of FGM. These include television coverage on different health and women's programs usually on the local television network Channel 5, reaching Alexandria.

Medical caravans take place all over Alexandria in areas where family planning services are scarce. EAS seizes this opportunity to hold seminars on FGM, which are followed by a free reproductive health check up for those in need.

Afterwards, EAS continues its ties with trained groups and individuals who are encouraged to conduct activities on their own initiative. Active and motivated leaders often come to the EAS for guidance, material and resources. No systematic follow-up of its efforts exists. It is important to note that EAS's programs are supported either by the organization or by funding agencies and, thus, there is no financial burden on the recipients.

Observation of Activities

Due to the nature of their work, we observed four of EAS's regular program activities. The activities observed came about as a result of a successful network of relations that EAS has maintained throughout Alexandria whether through the volunteer work of lecturers or in cooperation with local NGOs.

EAS conducted a **three-day training workshop** in March 1997 for coordinators of youth activities from various government ministries. This took place in cooperation with the Egyptian Family Planning Association. The workshop is part of a larger project funded by the International Planned Parenthood Federation for managers of youth activities. The overall project goal is to increase awareness on reproductive health matters and identify leadership potential amongst Alexandrian youth. The expected outcome of this workshop was that this trained group would be able to carry out training to youth, conduct seminars and TV shows. After this workshop, the chairperson reported that ten seminars for youth were organized by those who attended.

A **seminar** was observed at El Iskan ElSina'ie Area, Smouha, another for young males and females at the Holy Koran Society in Moharram Bek, and a **medical caravan** in May in a marginalized village in the El Max industrial area outside of Alexandria, Wadi El Qamar.

Observation by the Research Team

EAS FGM activities in the past have been diverse and widespread. If it were to concentrate its efforts in Alexandria, it would be more likely to see the results of these efforts. This consolidation of the work would result in the reduction of the target group to a more reasonable size as well as making the results of its activities more tangible.

When providing awareness of the hazards related to FGM, EAS relies heavily on a network of activists, whether politicians, doctors or the press to organize, publicize and facilitate EAS activities. So far, the EAS depends upon the voluntary participation of interested individuals. The reliance on volunteer work is a very positive element of the organizational structure. However, a larger, active staff or leadership team that develops, maintains, and adapts the ongoing activity is important for the sustainability of the anti-FGM campaign.

EAS should consider simple methods of follow-up to ensure that the newly trained leadership of volunteers and activists keep up their enthusiasm and drive.

In order to sustain their enthusiasm and activities in the future, a full-time and committed work team interested in bringing and end to this practice needs to be brought together.

Egyptian Society for the Prevention of Harmful Traditional Practices to Woman and Child (ESPHTP)

Background

The Egyptian Society for the Prevention of Harmful Practices to Woman and Child, Cairo (ESPHTP) was initially working under the umbrella of the Family Planning Association as early as 1981. The society was established as an independent body in March 1993, for the sole purpose of combating Female Genital Mutilation. ESPHTP now conducts activities throughout the country, the most notable being training courses, seminars and production of material. Unlike other NGOs in Egypt, ESPHTP activities focus mainly upon raising awareness to as many people as possible. This society targets community workers such as rural/urban leaders, social service trainees, community leaders, doctors, dayas, and nurses. The purpose of their activities is, first and foremost, to eradicate FGM and other harmful practices affecting women so as to improve women's reproductive health and general health status. This can be brought about by promoting healthy practices such as breast-feeding and nutrition.

Study Outcome

Documentation

The ESPHTP systematically documents all activities in annual reports, as well as semi-annual and quarterly reports. All workshops, seminars, awareness campaigns and training courses are drafted to include names of personnel involved, target groups and their numbers, and course/seminar content. Comprehensive reports and charts on total numbers of beneficiaries are produced to show the changes, such as the increase or decrease of various activities or target groups. Obstacles, problems or changed activity are documented as the need arises.

Program Approach & Implementation

ESPHTP are pioneers in the field of FGM. Since their establishment, their focus has been the dissemination of information on FGM through extensive training courses, seminars, and booklets. Based upon the available funds, annual work plans outline the upcoming year's activities. Although priority is always given to the implementation of the work plan, ESPHTP also conducts activities based on the demands of NGOs.

Training courses

Between 1987 and 1996, ESPHTP conducted **training courses** throughout the country with over 5,500 participants. In 1996, only nurses and *dayas* (midwives) received training. The purpose has been to choose enthusiastic leaders in key positions that relate directly to the public in all governorates.

Training courses are generally conducted over a four-day period targeting different groups including directors of health affairs, rural/urban leaders, social service trainees, students of literacy classes, doctors, nurses and media personnel. In order to implement these activities, ESPHTP requires from the governmental or non-governmental organization an official letter inviting them to hold training sessions. This is because ESPHTP is a Cairo-based society that needs authorization from the Ministry of Social Affairs to conduct activities in the governorates. The local NGO is expected to provide a suitable locale where the activity can take place. ESPHTP then covers all additional expenses including the fees paid to the lecturers, incentives and hospitality costs for the participants.

In the training courses, the lecture form prevails and topics such as anatomy and the functions of the female genital organs, the psychological/physical harms of

FGM, as well as the religious and legal perspectives are covered. A doctor and *sheikh* are usually invited to speak. Participants are required to fill out a questionnaire at the start of the course and a final evaluation at its closure. It is important to note that communications skills have only recently been introduced in the training.

Seminars

In the seminars, the message is slightly altered from that of the training courses and made to suit the different audiences. The content of the four-day training courses and one-day seminars is essentially the same.

Between 1985 and1996, approximately 46,000 people have attended **seminars** held by ESPHTP. These seminars are conducted on a single day for students of social faculties, nurses, doctors, teachers, and future mothers. They deal with the topic of FGM, introducing public health issues, customs and traditions, anatomy and types of genital mutilation.

Awareness campaigns have focused in areas of natural gathering such as *moulids* (religious festivals), health care clinics, social centres and medical centres during which leaflets are distributed and advice is given to the attendees. Approximately 50,000 people have been targeted.

Production of Support Material

Another central component of the ESPHTP program is the development, production and distribution of booklets, poster and leaflets on the topic of FGM. Amongst other NGOs, the ESPHTP publications have become renowned for their availability and diversity. The fifteen booklets produced have been put to use by the seven NGOs included in this study because they cover FGM from the social, legal and religious perspectives. All publications are prepared by experts. With the exception of one, these booklets address only the educated sectors of the community.

All of its material is distributed free of charge and is always available upon request to NGOs for circulation in workshops or training courses. Most of the available material was produced between1983 and 1989. However, there has been no feed-back or comments from any of the NGOs and, therefore, none of the booklets have been revised or reedited to incorporate any alterations.

During the interviews with the program implementors and local leaders of NGOs, ESPHTP booklets stood out as being the most extensively used to spread awareness. For example, FGM: Torture in Vain is the most well-received by the grassroots, because of its clear message and simple style. Produced by ESPHTP in cooperation with CARITAS, it is appreciated because of its illustrations and clear message.

Scientific Facts on Female Circumcision was drafted in 1982/3 as a summary of the more extensive book and was the first publication by the ESPHTP. It was summarized discussed, revised and approved by a board of directors for language, terminology and meaning. The purpose of this booklet was to provide them with a tool to assist them when they gave seminars and training. It is easy to read particularly since the target group, especially in the early stages of the awareness-raising campaigns, often had not received a high school certificate. They might have been nurses or nursery school workers in nurses training school or mother/child centres.

Approximately 290,000 leaflets have been distributed in spontaneous gatherings such as market places, *moulids*, family planning/medical centres, health units. These leaflets include social, medical and religious statements on FGM that needs to be revised for accuracy. However, such random distribution is ineffective because

of the festive nature of *moulids* and it is doubtful that people will take the time off to read.

The two posters produced by ESPHTP were said to be unappealing and based on old ideas. These posters were not seen in any of the NGO centres visited.

ESPHTP also has 52 videos at its centre most of which are recordings of previous seminars, meetings and conferences and, therefore, it would be difficult to put them to use. These include two films that describe the role of ESPHTP with the intention of promoting and publicizing the work of the organization.

Follow-up

The large audiences targeted by ESPHTP make follow-up virtually impossible. A method of attaining feedback has been to ask the participants questions on how they would prepare a program and how they would deliver the message; the purpose being to test the extent of their knowledge, to get feedback and new ideas. ESPHTP has also begun to hand out a form explaining the procedure of facilitating a seminar with ESPHTP. The current ESPHTP work plan is to reach out to as many people as possible with no follow-up as to how this information is being used by the recipients.

Results of the Focus Group Discussion

ESPHTP implements its activities throughout Egypt and has for a long time been one of the driving forces in the anti-FGM campaign. This widespread distribution of their efforts is making it difficult to reach the previously trained target groups. For this reason, only one FGD was conducted in Helwan with a group of nurses from the Centre for Mother and Child Care. Despite close proximity, this group was assembled with difficulty and a sum of money was agreed upon for participant cooperation.

Results of the FGD revealed that participants needed to learn some methods on how to convince others, how to hold meetings, and how to deal with those that are not willing to listen. The “How to Communicate” session has recently been included as part of their four-day training program.

These nurses, who had previously attended the training, were from different localities surrounding Helwan. The nurses admitted that they had personally benefited a great deal from the training courses because once the religious perspective was made clear to them, they were ultimately convinced of the importance of sparing their daughters.

> “I was uncertain before the training because of contradicting viewpoints, but after the training I was convinced not to. Especially when I heard that it was not mentioned in religion, that is what convinced me.”

> “I did not circumcise my eleven year-old daughter. I also explained to my husband what I heard in the training, and he also insisted that we do not circumcise our daughter.”

Despite this influence within the home, the nurses clarified that they had limited authority in initiating any activities in their work locales. Only one of the nurses stated that she was able to conduct a seminar in the clinic in which she works. They further noted that the settings and the atmosphere of child- and fertility-care clinics were not appropriate enough to make FGM an issue amongst the mothers. The reasons behind this were that some districts in Helwan may have never been exposed to the topic of FGM. Even if the target groups had some knowledge on this issue, the limited time available and the lack of a follow-up system is making it

impossible to sense any change in attitudes or behaviour. The participants commented:

> "I tried to raise awareness through the clinic where I work. While the women are gathered in the clinic waiting to see the doctors, I try and pass on this message to them. Unfortunately, nobody is convinced. It is usually through me that they hear this information for the first time."

> "I work in a child care clinic. As I fill out their papers, I tell them and try to convince them."

All the nurses stated that the information received definitely helped them change their standing on FGM. However, the nurses reiterated some of the misconceived notions on FGM that need to be rectified. For example "that the resultant sexual frigidity might...cause a husband to become distanced from family life or begin turning to drugs" or that FGM "can increase the country's divorce rates and have negative social effects." This message was relayed to the target groups in the ESPHTP training and was confirmed during the FGD. It is important to stress that whatever is relayed needs to be sensitive to the fact that circumcised women cannot, whether directly or indirectly, be blamed for all social ills.

The nurses of this FGD were also unclear as to whether or not certain cases of oversized clitorises required medical attention. This is one of the issues that needs to be addressed and clarified by members of the medical profession in the resource material that was requested. An "explanatory manual" was a requirement expressed both by these nurses and the community-based health workers in Abu Hashem. The nurses suggested that several important aspects be included in this manual:

> "We need to know how to simplify the message and the best method for convincing others. We would like manuals to explain how to pass on this message. I need to know how to speak in the language of the people."

> "The religious element needs to be focused on a little bit more."

> "We need material showing the different stages, e.g. before and after pictures of the body."

The production and distribution of such a manual at the grassroots will not only facilitate the recruitment of additional leaders but will also help to unify the message that is being extended to the public.

The participants of this FGD also expressed some of the relevant religious and legal concerns that need to be addressed. It is important to note that when discussing the religious perspective, there remained a degree of uncertainty amongst the attendees to whom the issue remained controversial simply because there is no clear-cut Islamic stance and no conclusive answers.

Observations of Activities

Two training courses observed targeted leaders within the community: one being for directors of development sectors in the Ministry of Social Affairs and the other targeting specializing nurses at the Qasr El Aini School of Medicine. The content of the training courses is standard.

The training conducted for 29 directors of Development Sectors aimed at encouraging interested leadership within the social affairs directorates to adopt and incorporate the topic of FGM in their extensive activities. The four-day course was essentially intended to provide the know-how necessary for conducting similar courses at their own locales. The importance of networking was discussed and ways by which these directors could coordinate to invite professional speakers. The

participants decided amongst themselves to set a timetable for their plan of action. However, the supporting role of ESPHTP would continue to be the same and the directors would facilitate further seminars that ESPHTP would conduct.

A four-day training course for 49 nurses (43 women and 6 men) returning to do a year of specialization was observed. The nurses came to Cairo from different governorates all over Egypt and most of them would have completed junior secondary level education and then continued to do the four-year nurse training program. The ESPHTP often takes advantage of such specialization programs to educate nurses on the harmful effects of FGM.

Observations by the Research Team

ESPHTP has established itself as a centre for raising awareness on FGM and has been a pioneer in the area of training and material publication on FGM. Despite its extensive work, the research team was unable to conduct more then one FGD because it could not bring together participants that had previously attended the training activities. This suggests that findings are representative of this one activity and not a reflection of the magnitude of the work that has been taking place since 1981. Although there is good out-reach all over Egypt, it is difficult to follow-up on cases who attend the activities. So far it has been a one-shot method, which makes follow-up difficult because financial incentives are sometimes needed to bring such groups together again.

ESPHTP continues to see its primary role in the anti-FGM campaign in providing training. However, the concept of training has been limited to providing standard lectures on FGM. Despite the richness of the content, the training courses need to stress other factors that lead to the success of programs such as communication skills, interaction and participant feedback. The training must equip these social workers to identify problem areas and set action plans, in team building, in monitoring and feedback methods as well as in creating leadership roles.

The content of the training courses has been constant for several years and there is the need for innovative approaches. This includes inviting motivated and dynamic speakers who address their audience in a manner that they can understand, speaking simply, clearly and with local terminology. When the audience changes, so should the training course to make it relevant and applicable.

We could learn from the target groups themselves the best methods, the constraints they have faced, and how best to tackle the issue. Participants could take part in the revival of the training program by giving feedback and suggestions by means of the evaluation forms regularly handed to all the participants. ESPHTP must make tangible use of this valuable information obtained from the pre- and post-tests of training courses in either self-evaluation or program development.

ESPHTP has recently begun to consider producing booklets that cater to different target groups by answering the very questions that the participants pose. This would be yet another useful addition to the material produced by ESPHTP, which has been, to date, the most widely distributed and commonly used. However, existing material needs to be revised in order to incorporate the latest developments in the FGM campaign and research findings. Revision of old material and the development of new material could be made in collaboration with a number of NGOs, particularly those who have utilized the ESPHTP booklet at the grassroots and who are now in the position to give pertinent and valuable feedback.

ESPHTP should also begin to consider targeting a more reasonable number of people as part of its work plan in order to achieve tangible results. There is the tendency to stress on providing awareness to maximum numbers of people often at the risk of the quality of the message. ESPHTP needs to reduce the numbers

targeted, diversifying the quality of the training and ensuring that follow-up of these groups takes place.

In addition, the target groups themselves need to be reconsidered. ESPHTP has focused the majority of its efforts on nurses with the rationale that nurses come into frequent contact with mothers and enjoy a degree of medical expertise. Yet the nurses disclosed that they play a limited role in passing on the message because neither the hospital setting nor the frequency of contact with mothers allows for this. It is also difficult to establish a mechanism to assess the degree of effectiveness that this group may have.

Young Muslim Women's Association (YMWA)

Background

The Young Muslim Women's Association (YMWA) of Beni Suef has been in existence since 1967. The YMWA's overall purpose is service, development and support of the local community. They target the elderly, the marginalized such as orphans and the poor, women, youth, and children in addition to young Muslim women. The organization's activities take place in Beni Suef governorate.

The YMWA began its work in the field of FGM in 1995, after the ICPD. The YMWA objective has been to raise awareness on FGM but only within the context of family planning and as a health concern. All awareness-raising has been on an unofficial basis. They prefer to introduce FGM within the more general context of health and family planning especially since those concerns have been officially backed and financially supported by the local governor. Their work targets mostly women and children, Muslim or Christian, in the town of Beni Suef and surrounding villages.

Study Outcome

Documentation

YMWA had no documentation or reporting on activities. All information on the YMWA was compiled verbally.

Program Approach & Implementation

The program is implemented by the chairperson, one program officer, and female volunteers from the Beni Suef community. The YMWA activities are either workshops, seminars, or family planning caravans. YMWA participates in the preparation, supervision, and implementation of workshops that take place in Beni Suef. In fact, YMWA is at the forefront of NGO cooperation in Beni Suef. The seminars usually deal with a range of different health issues including such taboo subjects as bridal deflowerment and FGM. Amongst the speakers in these seminars are usually a *sheikh* and a doctor.

Family planning caravans visit many villages of Beni Suef especially those where there are very few government services. The family planning caravans cover all villages in a rotation that spans approximately ten weeks. The YMWA leaders visit the villages in their capacity as family planning representatives. They are usually accompanied by one nurse, one doctor, and two social workers. The clinics provide free check ups and medication which are, at times, preceded by a discussion of different health and family planning issues. Awareness-raising is a central component of the family planning caravans where YMWA leaders may gather around and sit with women to informally discuss such topics; this is the context where FGM may be introduced. All leaders are local residents of Beni Suef who are well aware of the particular problems of these women.

When there are not enough women at the clinics, the leaders may then conduct home visits to discuss various topics with the mothers. If the men are present then they are also included in the discussion although they are usually at work or in the fields. According to program implementors, it was found that the results of home visits are much more fruitful than the discussions at family planning centres because women can speak more freely in the home setting.

FGM is never mentioned right away. Leaders try to first gain the trust of the women before confronting them with such sensitive issues. FGM is also not officially a part of theses caravans for it is up to each individual volunteer to decide whether or not she wishes to take it up as a problem. There are nine medical caravans, each of which is headed by a volunteer leader.

Villages are covered by caravans that are monitored and run by the governorate. At the village clinics, a rural community leader and/or a nurse are often present. If they are conducting home visits, they could visit up to 15 homes. Each leader is assigned one day on which they do their home visits as part of these traveling clinics. It is all done on a volunteer basis where the leaders take leave from their respective jobs or duties to provide this service. The governorate involvement is rather extensive in these caravans for it provides local statistics, organizes the location, takes care of the publicity, and pays the nurses and doctors.

YMWA Centre's Activities

The mosque is frequented by approximately 60 women daily who attend literacy or religion classes. Discussions and clarifications about the hazards of FGM are led by the mosque's *imam* (sheikh) and take place at the centre's mosque. There is also a social club that often hosts seminars and classes for youth to discuss important issues including ones related to health and family planning as well as FGM. Neither of these activities was observed.

Observation of Activities

The research team accompanied the family planning caravan to Tazmant El Sharqia in March 1997. This village is an example of the YMWA's activities in FGM. It is located about 5km outside of Beni Suef town. Approximately 25 women came to receive family planning services. As they signed their names for the medical check-up, the women were asked whether they had circumcised their daughters or not. None of the YMWA team members provided any information on the hazards of FGM.

Discussion on the subject of FGM was instigated by the YMWA volunteer. The women waiting for the free check-ups were asked their opinion on circumcision. None of the social, physical or psychological effects were put forward. Many women present did not speak and many appeared either embarrassed or defensive about the subject matter. One woman did express how she would take her daughter to a doctor who would perform a mild form of FGM on her. This could have stirred an enticing discussion amongst the women but the YMWA volunteers only supported her decision as a liberal one.

Support Material

YMWA do not print, carry or supply any publications whether books, pamphlets or manuals. They have received little if any printed material from other NGOs or organizations. They do not use with their target population because it is, on the whole, an illiterate one.

Though they are convinced that visual aids would be beneficial, they do not have the resources as of yet.

Observations by the Research Team

Despite the diversity of this NGO's activities, it is clear that YMWA members tend to favor medicaliztion of FGM as a means of eradication. Despite their enthusiasm, leaders at the grassroots need to be aware that FGM cannot be eradicated if concessions are offered. Therefore, the staff must be sufficiently equipped to transmit an anti-FGM message. They need to develop a more adequate standard of knowledge so as to pass on the information because leaders cannot be advocates of the campaign if they, themselves are unconvinced of the dangers related to the practice.

An increase in the number of workers aware and committed to the cause is needed. Thus, an extensive training program for the volunteers and staff on FGM should

take place. Once there is a working team of leaders that are convinced and committed to the cause, then a work-plan could be organized with the larger team. A future work plan needs to be developed with clear target groups and objectives. As an NGO that has established good relations with the local government, it should take advantage of this special privilege and attempt to encourage official involvement in the awareness efforts.

Part III - Conclusion

Recommendations

The following section includes recommendations that are based upon the results of the systematic study that was carried out with the seven selected NGOs working in the area of female genital mutilation. It is important to note that this study was proposed by the FGM Task Force. Hence, the outcome may serve as a basis for the Task Force's future activity. The role of the Task Force as technical assistant and coordinator may be enhanced by these findings upon which a strategy of action and future work plans can be built. These findings were obtained from in-depth interviews, observation of programs, and focus group discussions with the seven NGOs. The recommendations will cover five main areas:

1. Coordination of Efforts
2. Documentation
3. Educational Support Material
4. Training
5. Mass Media

1. Coordination of Efforts

Since the ICPD, and with the formation of the FGM Task Force, increased coordination among NGOs through monthly meetings and workshops and the exchange of ideas have started to take root. Focus has been in three domains of interest: advocacy, research and grassroots mobilization. In each of these areas the aim has been to bring women's basic reproductive rights to the forefront of the health agenda. Some sixty-eight NGOs from across Egypt have now become active members of the Task Force. In view of this expansion, a network of activities was created and the Task Force was subdivided into regional Task Forces.

The FGM Task Force has delegated a great deal of responsibility and relied on the capacities of enthusiastic key figures interested in the cause to carry out the work of the three sub-groups. Despite extensive individual efforts of volunteers from a number of NGOs, actual interaction among different NGOs was not observed throughout the study period. Each NGO appears, more or less, to be working on the promotion of its particular program.

There is a serious need for all NGOs working in the field of FGM to be able to complement each other's strong points. It is more effective to build on existing knowledge and experience guided by the technical assistance of the Task Force, in order to make NGO programs more efficient and the FGM campaign a unified and complementary endeavor. It is evident that each NGO continues to have a distinct focus or method of awareness-raising such as training courses, publication of material, or mobilizing communities. The impact of these efforts needs to be seen by other NGOs. One of the ways by which this may be achieved is through a system of exchange visits during which NGO program administrators may become oriented with the diverse approaches and methodologies implemented. For example, clear successful efforts in grassroots mobilization that brought about evident tangible behavioral change was only achieved by one NGO, which offers its services in an integrated and comprehensive social package. More NGOs need to know about these successful community-based efforts whether they be in the implementation of activities, the processes of recruiting and training staff, or in the time dedicated to the cause. The campaign to bring about an end to FGM is a long and arduous

process and requires that continual attention be paid to the beneficiaries of the awareness raising activities. Therefore, there is the need to reassess the efficacy of short-term training courses or one-day meetings that are not complemented by close and continuous follow-up.

As early as the 1950s, individual efforts were underway to bring an end to FGM in Egypt. However, it was only in 1994 that efforts to create a movement began taking form through the FGM Task Force. This is important in view of the fact that the 1995 Egypt Demographic and Health Survey included, for the first time, questions on FGM were included and findings affirmed the need to mobilize efforts in other distinct geographical locations in Egypt such as Lower Egypt where FGM prevalence has been recorded at 98.9%.

2. Documentation

All NGOs need to be aware of the value of good documentation as a continuous process with clear objectives. In-service training should focus on the method and the importance of the documentation procedure of program implementation in the area of FGM. Technical assistance is required to help NGOs document the process, the approaches, the target groups, the achievements, the difficulties, and the follow-up strategies of their activities. NGOs need to realize the value of documenting information. Compiling and analyzing data are important factors that may help the NGO make constructive changes to its plan of action. There is a need to integrate methods of documentation, evaluation and self-sustainability in all on-going programs.

3. Educational Support Material

Based on the results of the evaluation obtained through interviews with personnel or from the FGDs, the following recommendations are some of the constructive suggestions to be considered by program administrators with regards to the production of well-targeted support material.

A. Booklets

Availability and knowledge of all existing support material has been limited and circulation slow due to lack of coordination. At present, the fifteen booklets produced by the ESPHTP have been put to extensive use by the study sample but distribution of this material is not yet very well-organized. To date, circulation of ESPHTP material has been on a demand basis and is free of charge. The development of a network of distribution among the NGOs, perhaps with the Task Force as facilitator, can be suggested. The material should first be updated, distributed and promoted at the grassroots in order to meet the requirements of the general public. Mothers attending the FGD in Al Tayeba stressed the need for such resources when convincing their husbands.

> "Give each one of us a book and we will give it to our husbands to read."

They further stated that it was difficult for them to overcome the barriers of shyness and embarrassment when talking about this sensitive topic and in such cases reading material would be more convenient.

> "I am embarrassed to talk to my daughter, so I allow her to read."

Material related to FGM needs to be updated, revised and made easily accessible to the NGOs in different issues and taking into consideration the different target groups. Efforts need to be pooled in the creation of support material that address

the different issues related to the problem. This joint effort would save on resources and avoid duplication. Future considerations should be made for the quality of the product, the formulation of a unified and credible message, the audience to which this message will be addressed and the purpose for which this material will be produced. In its capacity as a technical assistant, the Task Force may wish to initiate a collective activity that promotes such cooperation.

Presentation

During the interviews with NGO personnel, it became clear that the present hand-outs are dry with too much writing and repetition. There is a general demand for more clarity, "larger print and more illustrations." Material needs to have a clear and simple message, free from redundancy. The basic information available in the current material needs to be updated and produced in a more eye-catching style. More creativity and color is needed in these presentations.

Whether during the FGD with the males of Al Tayeba or with the nurses in Helwan, the participants stressed simplicity and conciseness of the booklets to be distributed.

> "They should be short (5-10 pages) and include the religious perspective."

> "The psychological and social aspects of the subject need to be simplified in small books separately."

Content

The material available has focused on stereotypical messages that deal with the medical, religious and legal perspectives on FGM. An important consideration is that material should include messages with which all target groups can identify. The current message has stressed the medical complications resulting from FGM such as infertility or infections, to which a large section of circumcised women cannot relate. A credible and unified message is needed to counter such generalizations and to take into consideration that claims of frigidity or pain are relative perceptions. This stress on health is giving room for argument, and simply put by a FGD participant "we need to be ready with counterarguments. When we tell them about the physical dangers they tell us that their health is fine."

As religious logic is the most sought after amongst the public, additional material needs to be developed to clarify its stand, especially in Islam. Although this information has been made available, all seven NGOs stressed the need for material that clarifies that FGM is a pre-Islamic practice and not a requirement in Islam. As one of the male nurses in Helwan commented, "The religious element was unclear before. We did not know that there was no valid or confirmed *hadith* (saying of the Prophet) discussing the circumcision of girls. The practice of female circumcision was inherited from our ancestors over the generations. But religion never dictated that this practice is important; there is no concrete evidence supporting it."

As was noted during many of the FGDs, some of the fundamental interests and actual fears of the public need to be addressed. The most poignant of these apprehensions as expressed by the mothers during the FGDs was the question of "marriageability" or how to guarantee that a young man would agree to marry an uncircumcised girl. Since circumcision has for so long been a social affirmation of a girl's chastity and decency, mothers fear the consequences amongst family, friends and neighbors.

> "Sometimes, the husband finds out that his wife is not circumcised so he insists on her undergoing this operation."

It is for this reason that there have been some requests to produce material that must stress that "a girl's behaviour relies on her up-bringing and the role of the

family" in addition to providing recorded testimonies from the community of uncircumcised women who lead stable married lives. In light of this, there may be the need to analyze and trace the experiences of the positive deviants in the community.

The responsibility of ensuring the welfare of women and girls is to be equally shared by male members of the family and, therefore, material must place FGM within the family context. Material needs to be produced with the purpose of making men more aware of how FGM directly or indirectly affects them and their families. Their role is as great in modifying the social perception that men prefer to marry a circumcised women rather that an uncircumcised one. Since this issue needs to be addressed, it was suggested that males be encouraged to participate in the preparation of the required information. Men must share in the deconstruction of the value system on which FGM is based; a system that equates core values such as chastity and decency with a injurious practice.

A broader level of analysis of the psycho-social motivations behind this practice is needed and special attention needs to be paid to social pressures. A sentiment expressed by many of the young girls was that "when parents circumcise their daughters, it means that they do not trust them but an uncircumcised girl knows how to protect herself and this is an honor for her" or that "a girl would go personally to the *daya* (midwife) so as to preserve her reputation." This dilemma may be answered by stressing the medical facts on sexual instinct as well as by countering some of the existing fallacies that "circumcision is cleanliness" or that it is performed to prevent "a girl's genitalia growing like a man's".

Material developed may also need to counter some of the notions that are spread to give power to the anti-FGM message: that FGM may be the direct cause of males turning to drug abuse and of the rise in divorce, or even, as claimed in one study, that most women of ill repute are circumcised.

Whereas mothers have continuously expressed concern over the "well-being" and future of their daughters, male participants have more "instant" fears towards the recent flood of interest towards women's health. They question "Why the concern these days-what is new, what has changed?" The reading public needs to be made aware that the struggle to bring about an end to FGM began prior to ICPD. Men and women alike, need to be informed that this campaign is not an international political imposition but a strategy that complements Egypt's national ambition of improving the quality of women's health and lives. Therefore, success stories of active NGOs need to be published and successful approaches need to be recorded, shared and duplicated.

Audience

In the development of support material, certain considerations need to be made:

The material produced needs to be targeted and utilized by diverse segments of the population such as youth, program implementors and local leaders, all of whom vary in ages, local differences, educational backgrounds and health concerns. It is evident that most of the present material is geared to an educated population. Participants of FGDs stressed the need for publications that appeal to varying educational levels and interests:

> "The material produced must respect some of the traditional views and must cater to different social strata and sexes. All methods of awareness raising such as seminars or films must be made to suit the public."

In light of this, material also needs to be designed for young males and should be produced by the males themselves. The prevailing "hands off" stance that men assume towards this subject needs to be addressed so that males can play an

active role as opposed to their current attitude that “this issue never preoccupied me [them] before”, that “the girls can discuss this amongst each other but we [they] cannot” or that “nobody asks men for advice”.

The findings of the 1995 EDHS, reveals that 13.1 % of doctors are practitioners of FGM and that there is a growing tendency amongst mothers to refer to these professional health providers when circumcising the daughters. The findings of the Attitudes of Medical Doctors towards FGM by the CIHRS has further revealed the lack of information amongst this group and the discrepancy between their knowledge and practices (personal communication). If anything, these findings are indicative of how imperative it is to increase awareness among doctors. When asked “who are the most influential members in the community?”, there was unanimous agreement that doctors, on equal standing with religious figures, rank the highest in authority and his/her advice the most sought after. This being the case, it is important to furnish them with all the necessary information. Furthermore, the message to doctors needs to stress that the financial gains of performing this practice cannot equal the physical and psychological repercussions. One of the male teachers stressed that doctors need to be warned that “this is a medical violation” contrary to the pledge taken to preserve the well-being of the public.

Purpose

Basic simple material needs to be developed for both NGO program leaders as well as local leaders on communication skills and home visiting procedures. This could be compiled in an information package or a training manual for all the service providers at the grassroots level. They can be used as guides with simple audio-visual material that they can use during their home visits. Recently, the Centre for Development and Population Activities (CEDPA) piloted a training session for local leaders within its *New Horizons* program for adolescent girls. The manual is comprehensive in its coverage of health and social issues of interest to young women. After showing positive results amongst the girls in Al Tayeba, CEDPA has initiated a network of NGOs to which it hopes to provide its support. Its importance was reiterated by one of the young girls at Al Tayeba when stating that doctors cannot pay visit to all the communities but that “ A trained woman who is not necessarily a doctor can answer all our questions because not all doctors can come to the village. This trained person can have the curriculum and can give the information to us.”

Functional literacy material touching on all the different aspects of FGM is a good way to convey the message since NGOs may be interested in incorporating FGM awareness in their literacy programs.

There is a need for more extensive research with credible, verifiable information on the negative effects of this practice, thereby eliminating speculation and generalizations. Material should be produced that deals with success stories and real life experiences. For example, a booklet can be produced on case studies of the testimonies of women who are willing to share their experiences with others.

B. Audio-visuals

With the different educational background in minds, new and innovative techniques such as audio-visuals, posters, pictures, and tapes can be developed. There also is the need to expand the type of communication tools to include performing arts such as role-play and theatrical performances.

Tapes

One interesting request that arose during a focus group discussion with teenage girls from Al Tayeba was that cassettes should be recorded with explanations of the

hazards of female genital mutilation. The tapes could be in question and answer form, which the girls can take home and listen to at their leisure. This method will allow for more privacy and the tapes could be lent in exchange for a small contribution from the students.

> "A group of girls can pose all the questions that they want to know about and then a female doctor can answer all these questions on a cassette. These cassettes can be borrowed from the church for a small amount of money."

This is one of the more applicable suggestions because it also addresses an illiterate audience.

Videos

There is a lack of audio-visual material for training needs. No quality short films have been made in Egypt on the issue and, therefore, not one of the NGOs in the study said that they made use of videos on a regular basis in their activities. The only videos available are recordings of seminars, meetings or conferences. Since visual aids are in demand, volunteers may be encouraged to record their personal experiences with FGM and to share these testimonies with others.

Slides

Although only CEOSS and COST mentioned that they had randomly made use of the slides produced by Dr. Tobia and translated by the FGM Task Force, all seven NGOs did suggest the need for available, accessible slides for use in training trainers. One of the nurses in Helwan suggested that slides be used to show before and after pictures of circumcised girls.

Posters

Posters are also useful in that they provoke reflection and thought and can always be posted in areas where the awareness is given.

4. Training

Training is a vital component for the development of programs and their sustainability. NGOs need to recognize it as an on-going process in which intensive interpersonal and communications skills are required by those who work at the grassroots. Furthermore, the training of males is imperative if male consciousness towards this issue is to be raised.

Trainees need to be made aware of the complex nature of society and how to approach each of the targeted groups. At present there is a need for more focused training of local staff on how to incorporate FGM into a comprehensive, credible health message. Although nearly all personnel and local leaders that were met stated that they had received training on FGM, the majority expressed receiving basic knowledge on the immediate health hazards of female genital mutilation. Additional training is needed to put FGM within its historical, social and religious context.

Training should emphasize communication skills and utilize innovative approaches to be carried out at the community level. The stereotypical training courses and seminars need to be complemented with the imaginative and inventive appeal of role play, theatrical performances, and videos. Evidently, the services provided by NGOs need to be upgraded so as to be directly useful and efficient. This needs to be supported by both educational material and home visits since the latter has proven to be the most effective method in bringing about actual behavioral change.

Leaders also need to be trained to identify the potential opportunities to discuss this issue. When circumstances allow, this can become an issue of relevance and importance to the rest of the group, to be handled with sensitivity and tact.

> "I was asking about one of my students and found out that she was being circumcised, so I took this opportunity to talk about this topic to my students."

> "One of my students was suffering from complications, and so I began to explain it all to my students. I took this girl as an example."

> "When I talk to the girls I give them examples from real life, and it is easier because their experiences are still fresh in their minds."

Communication skills and knowing how to relay the message is one of the basic requirements of providers of health messages. In the FGDs with CARITAS's female teachers, suggestions were made on how to deliver the message:

> "We have to pass on information in their [the targeted groups] own terms so that they can easily understand what we say."

> "We must make sure that we do not impose any of our own ideas, but that we offer them in the form of a discussion."

When training local leaders, it is important to adequately equip them with both skills and resources. The nurses from Helwan expressed this concern:

> "I need to know how to speak in the language of the people, to give and take with them so that they can truly benefit from the information."

> "We need supporting material to assist us in passing on this information. We need material or illustrations."

In addition, the leaders need to be credible and in a position that makes them acceptable to the audience. For example, one of CARITAS's unmarried teachers commented:

> "The mothers ask me how I can talk about this issue even though I am not married."

5. The Role of Mass Media

From the research findings, it was clear that the mass media need to be more strategically involved in the issue of FGM. The media sub-group of the FGM Task Force is currently lobbying to achieve this end in the hope of increasing the awareness and interest of media personnel in gender issues, with a focus on FGM. The media sub-group is, at present, formulating a media message that aims at dealing with FGM openly and without reserves, countering the claims of the necessity of this practice and primarily targeting both those who have been subject and those who participate in its continuation.

The aim of this strategy is to have television and radio programs discuss the issue on a regular basis. During the FGD with nurses in Helwan, they stressed that the role of the media can be developed to become a valuable supporting element in the campaign:

> "Seminars should be put on TV. My daughter refuses to speak about this issue now. She knows it's wrong. There was a time when every week there was a discussion on FGM on TV and she became convinced."

> "The family planning commercials are a great idea. We could do the same thing."

> "The repetition of commercials and increase of coverage helps to make changes. For example, when they read in the newspapers where girls underwent complications as a result of this practice."

Programs need to invite prominent people to discuss the problem, i.e. religious leaders, medical doctors, and officials who support the issue. It was expressed by the mothers in Al Tayeba that this could serve as a reference when trying to influence people.

> "If a *sheikh* spoke about this on television, we would all become convinced, men and women."

> "More publicity on television will convince everyone."

It was interesting to note that several recipients mentioned a panel on TV that discussed the issue. In one of the focus group discussions, however, a young girl from Banoub made a comment on how an academic term was used for the practice:

> "On TV they used the term female genital mutilation or *khitan* and so nobody understood that they were referring to what is known to us as *tahara*."

Using academic terms or euphemisms does not relate to their local understanding. If this topic is to be stripped of its taboos, the relevant terminology to be adopted, needs to be consistent with the logic of the populace.

Best Practices

With the completion of this endeavor, hats must come off to the seven participating NGOs, whose diverse and benevolent efforts represent the cornerstone of work to bring about an end to female genital mutilation in Egypt. Many lessons have been learnt, the first of which is a lesson in dedication and commitment on the part of these NGOs towards the well-being of all Egyptian women. In consenting to participate in this study, the NGOs have kindly shared their experiences, both positive and negative, in the hope that their wisdom will be an inspiration to others. If we are to learn from our weaknesses and grow in our strengths, we must keep in mind the best practices that will make such work a success.

The struggle against FGM is currently being tackled on several fronts; through grassroots mobilization, advocacy and research, production of material and public awareness initiatives. Work at the community level represents the greatest challenge of all, but efforts have borne fruit due to several factors. The first of which is that the topic of FGM is offered within a comprehensive social development package.

This approach has proved rewarding in that it encourages community participation in assessing its entire social, economic and agricultural needs and in taking part in activities that help to bring about successes. Thus, the bottom-up dynamics of community service are maintained. Community participation and collaboration is ensured at all levels through the local administrative bodies, a local NGO or local figures of influence such as the *Omda* (mayor), *sheikh*, priest, or doctor. As stated by one of the FGD participants, "It is important to have the support of all these people together so that there are no contradictions in the message. All these people have to join efforts in order to increase the pressure."

Another approach is the incorporation of FGM awareness into the literacy class curriculum where students are introduced to FGM within the larger context of a general health/reproductive health education program. This approach has shown to have a lot of potential and this model has a greater chance of replicability by other NGOs than the more labor-intensive approach of integrated rural development. This approach requires collaboration with and the support of educational bodies such as the General Authority for Literacy and Adult Education. It should be noted that young people interviewed for this study expressed a strong demand to incorporate this topic into the official school curriculum.

Community involvement is further encouraged by reliance on trained and credible local leaders from within the community, to whom the responsibility of providing awareness and following-up on the well-being of a certain number of girls is delegated. The leaders offer their services voluntarily as community support and are encouraged to provide community service by attending regular training programs and awareness sessions. There are several advantages to recruiting community-based leaders. The elements of trust and reliance are afforded since they are selected to represent the positive examples or role-models for all girls. These leaders not only understand the local environment and the attitudes of its people but also speak a common "language". Furthermore, they are trusted in intimate settings such as the home, where their advice and support is welcomed. Furthermore, they are assigned the task of supervising a reasonable number of girls of circumcising age (7-13 years old) by means of a simply formulated monitoring system. Where a systematic monitoring system is unavailable, local literacy teachers and monitors, being from within the community, are well positioned to follow up informally with their students and confer with other family members on this very issue.

Home visits conducted by local leaders and literacy teachers are considered by some as the most effective approach for FGM eradication in that they allow for privacy, openness and interaction of all members of the family. Apart from the

specially-designed seminars, home visits represent one of the few opportunities where males can be involved in the discussion. These face-to-face interactions have had positive effects when complemented by public awareness-raising at both the religious and medical levels. It should be noted, however, that there were some concerns that home visits might not be suitable for all communities.

Religious reasoning is the main entry point for local population of both the Islamic and Christian faith. It is also the religious setting and the authority of the religious figure that adds seriousness and credibility to the message. Of equal importance is the authority of the doctor and preferably a female one. As expressed by one of the male FGD participants, the best approach is "the seminars where they bring speakers from outside the village, they must be experts such as the religious men or doctors. We accept anything that they say".

An important aspect of community mobilization is to keep the general public continuously informed by offering training courses and awareness sessions to the vital cadre such as the doctors, social service trainees and teachers.

In conclusion, it must be kept in mind that behavioral change is a long process especially when confronting a tradition such as female genital mutilation; a custom rooted in Egyptian culture for centuries. Reported success stories of eradication of FGM did not start to take root except after seven years of work in a village, for example. It is also important to view the issue as part of a larger concern for women's health, the human rights of the girls child, the integrity of her body and the role of women in development.

APPENDIX

This is a short list of English and Arabic material of interest available at the resource center of the National Commission For Population and Development in Cairo. Though not comprehensive, it comprises published and unpublished material that address the problem of female genital mutilation in Egypt. Additional articles, documents and references on the national and international FGM campaign are also available at the centre.

Publications in English

* Abd El Salam, Seham. "Female Genital Mutilation: Violation of Human Rights." Cairo: 1995.
* Assaad, Marie B. "Female Circumcision in Egypt: Social Implications, Current Research and Prospects for Change." Studies in Family Planning 11:1, p.3-16, January, 1980.
* El-Zanaty, F. et. al., 1996. *Egypt Demographic and Health Survey 1995*. Calverton, Maryland [USA]: National Population Council [Egypt] and Macro International Inc.
* Farah, Nadia R. "Mapping of Reproductive Health Activities in Egypt", Cairo Center for Development Studies, July 1995.
* Mahmoud, A. K., Circumcision and Mutilations: Male and Female: Medical Aspects. Dar El Maaref, Cairo: 1995.
* _____, Circumcisions and Mutilations: Male and Female. The National Population Council, Cairo.
* "New Horizons", The Centre For Population and Development Activities, Cairo:1997.
* Toubia, Nahid. Female Genital Mutilation: A Call for Global Action. Women Ink. NY: USA, 1995.(Also available in Arabic)
* The Population Council, Clinic-based Investigation and Typology and Self-reporting of FGM in Egypt: Final Report. Cairo, November, 1996.

Publications in Arabic

* Abd El Hadi, Amal, ed. Workshops on Female Genital Mutilation: A Report. Cairo: Rose El Youssef New Press, 1995.
* Abd El Rahman, Nabil. Female Circumcision: Cleanliness or Crime? Dar El Kuttob: 1994.
* Abd El Salam, Seham. Female Genital Mutilation: Fallacies and Facts. Rose El Youssef New Press. Cairo: 1996.
* Badawi, Mostapha K. FGM from the Historical, Medical and Social Perspectives. 1995.

Unpublished Material in English.

* Assaad, Christine. "Female Genital Mutilation: A Women's Health Issue in the Third World. A Comparison between Egypt and Sudan." Cairo:1996.
* Gadallah, A. et. al., "Knowledge, Attitude and Practice of Women Teachers on Female Circumcision in Assiut Governorate." Assiut:1996.
* Ismail, I. et. al., "Female Genital Mutilation in Egypt".

Unpublished Material in Arabic.

* Abd El Salam, Seham. “Medicine and Female Genital Mutilation: An Experience from Beyond the Seas.” Cairo: 1996.
* _____, “The Comprehensive Social Methodology: A Recent Model For Communication with the Grassroots on FGM as implemented by the FGM Task Force, October, 1997.
* Bahy-Eldin, Amira., “Female Genital Mutilation between Criminal laws and the Influence of Social Traditions”, Cairo: 1995.
* Fayad, Mohammed., “Female Genital Mutilation from a Medical Viewpoint.”
* “No to FGM. ” Report on a seminar on Female Genital Mutilation from a socio-medical viewpoint, Cairo, 13 February, 1994. The Nadim Centre for Rehabilitation of Victims of Violence and The New Women’s Research Centre.
* “The FGM Task Force Position Paper.” Cairo: November,1997.

Booklets in Arabic produced by The Egyptian Society for the Prevention of Harmful Traditional Practices to Woman and Child.

* Facts about Female Circumcision, Cairo Family Planning Association: 1991.(In English)
* Assaad, Maurice. Female Genital Mutilation From the Christian Perspective. Cairo.
* Al Saghir, Gamil Abd el Baky. Female Genital Mutilation: To Normalize or Criminalize. Dar el Nahda al Arabia, Cairo: 1995.
* FGM: Torture in Vain. Cairo:1993.
* Kamel, Aziza. et. al., Harmful Traditional Practices Affecting the Health of Mother and Child: A Guide to Combating Female Genital Mutilation. Cairo: 1979
* El Sirgany, Wafia. et. al., Marriage Guide. Cairo 1985.
* Scientific Facts on Female Genital Mutilation. Cairo: 1993.
* Eweis, Salah Mahmoud. The Egyptian Civil and Criminal Law on Female Genital Mutilation. Cairo: 1990.
* Al Nagar, Abd el Rahman. The Islamic Stance on Female Genital Mutilation, Cairo: 1985.
* Abd el Ghafar, Mansour. The Stance of the Islamic *Shari’a* on Female Genital Mutilation. Cairo:1990.
* Ahmad, Anwar. Views of Religious Scholars on Female Genital Mutilation. Cairo: 1989.

Booklet series produced by The Committee for the Protection of Young Girls, *Motraniyet* Beni Suef: (Not the Complete Series)

* A Harmful Tradition And Its Injurious Effects.
* Comprehensive Care For Girls, 1989.
* Female Genital Mutilation From The Christian Perspective.
* Spare Her From Ignorance.
* The Measure Of A Girl’s Happiness.
* The Mythical Origins Of FGM In The Pharonic Age.
* The Personality Of A Adolescent Girl.
* The Simple Life Is Peace And Wisdom.
* The Whole Character Of The Girl Child.

Additional communication tools include three brightly colored posters produced by CARITAS with short messages in Arabic which depict both the positive outcomes of

sparing the young girl and the negative outcome of subjecting her to this fate. Also available are slides on FGM produced by Dr. Nahid Tobia from the Research, Action and Information Network for the Bodily Integrity of Women (RAINBOW) in English and further adapted and translated into Arabic at the initiative of members of the FGM Task Force, Drs. Seham Abd El Salam and Magdy Helmy.